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Country programme document

Egypt

Summary

The country programme document (CPD) for Egypt is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $14,205,000 from regular resources, subject to the availability of funds, and $80,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

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Programme rationale

1. Egypt is a low middle-income country with, as of January 2016, an estimated population of 90.1 million people, of which 37 per cent are under the age of 18.[1] Following the tumultuous events of 2011 and the subsequent political transition, recent socioeconomic and political reforms are encouraging, although implementation faces challenges. Since 2014, following a popular vote, the Government has enacted a new constitution with child-rights guarantees, introduced an ambitious economic reform strategy and, in early 2016, adopted and began implementing the Vision 2030 National Sustainable Development Strategy, which is aligned with the Sustainable Development Goals (SDGs).

2. Notwithstanding these reforms, monetary poverty has continued to rise and in 2015 reached 27.8 per cent (considered lower 'extreme poverty' by the national measure) — a more than 10 percentage point increase since 2000.[2] This rise coincided with a 2.5 per cent annual rate of population growth as of 2015 and a regularly increasing fertility rate that reached 3.5 in 2014.[3] Since 2011, child poverty appears to be increasing faster than that of the general population, and was 28.8 per cent in 2013. More than 9 million children are living in poverty, of which 79 per cent are in rural areas.[4] Thirty per cent of children are living in multidimensional poverty, with a rate of 37 per cent for under-five year olds.[5]

3. Despite important areas of progress — notably strong reductions in child and maternal mortality, high rates of immunization coverage, and almost universal basic education enrolment with gender equity — many gender, geographical and socioeconomic disparities persist. Infant mortality is highest in Luxor (41), Assuit (41), and Sohag (40), and the lowest rates are found in Matrouh (14), Menoufia (13), and Damietta (12). Neonatal mortality now accounts for more than half of child mortality. High rates (21 per cent) of stunting persist and there is emerging incidence of obesity (13 per cent of 5 to 9 year olds). Fertility rates for 15 to 19 year olds increased 21 per cent between 2005 and 2014 (to 75) across rural Egypt. Evidence for 2009 to 2014 shows that the new-borns of these young mothers have a 60 per cent higher mortality rate than those born to an older mother.[6]

4. Despite prohibitions on female genital mutilation/cutting (FGM/C), the practice remains highly prevalent, affecting 61 per cent of adolescent girls in 2014, with large regional disparities. It remains almost universal in rural Upper Egypt. The prevalence of girls aged 0 to 19 expected to undergo FGM/C is highest in Qena (91.5), Luxor (90.7), Aswan (86.6), and the lowest rates are found in Port Said (11.7), Damietta (10.9) and Matrouh (3.3). Gender-based violence remains highly prevalent and strongly justified among both female and male young people (15 to 29 years).[7] Rural/urban gaps in access to services and household living standards are compounded by differences in opportunities for children across governorates, between Upper and Lower Egypt and within urban slum populations and informal settlements.

5. Egypt is a state party to most human rights instruments, including the Convention on the Rights of the Child, including two of its three optional protocols,

[1] UNICEF country office in Egypt, Children in Egypt 2016: a statistical digest (tables 2.05, 2.06), 2016.
[2] Ibid (table 14.02).
[3] Ibid (table 2.02).
[4] Ibid (tables 2.06, 14.07).
[5] Ibid (table 14.12), national research by UNICEF and the Government using the multiple overlapping deprivation analysis methodology.
[6] Government of Egypt, Egypt Demographic and Health Survey, 2005 and 2014.
[7] Population Council, Panel Survey of Young People in Egypt 2014, p. 140, 2015.

and the African Charter on the Rights and Welfare of the Child. In its 2014 Universal Periodic Review, the present Government committed itself to many recommendations that would strengthen the domestic rights system, including measures to tackle gender-based violence and exploitative child labour and improvements in justice for children.

6. The new constitution of 2014 provides opportunities for improving the national child rights system. Article 80 explicitly mentions fundamental rights, including the right to identity, basic services and protection, including the provision that the state will establish a judicial system for child victims and witnesses as well as safeguards against detention of children. Two further articles establish minimum state expenditures on health (3 per cent of gross domestic product (GDP)) and education (4 per cent).[8]

7. Systemic weaknesses such as the quality of education services, poor pedagogical quality, weak learning outcomes, and challenges within specific areas of health and nutrition systems, linked to public/private health care and financing arrangements, are compounded by a growing population and pressures on household affordability. A 53 per cent rise in the number of births between 2000 and 2015 places increased pressure on maternal and child health services and on household standards of living.[9] Weak monitoring and accountability of the critical public social sector workforce further reduces the quality of the limited services available for the population.

8. Weak monitoring and accountability of critical public sector workforces and their dual private employment within the sector impose extra household costs, especially where public service quality remains suboptimal.

9. With over 21 million students enrolled in pre-university education, the Egyptian education system is by far the biggest in the Middle East and North Africa. Despite increased access to basic education over the past years, the most vulnerable children from poor families and remote areas are more likely to be out of school or at risk of dropping out of school. Even in school, half of the students do not learn foundational skills and perform at the bottom of international learning assessments. The teaching approach generally focuses on memorizing and recalling information rather than encouraging critical thinking, does not provide students with the skills they need to succeed in the labour market or to meet life challenges. Adolescents continue to face poor economic opportunities that constrain their social inclusion and their vocational training decisions. Unemployment remains a critical challenge, at 23 per cent for 15 to 19 year olds (2015); although declining from a peak of 28.5 per cent in 2014, females have a 50 per cent higher rate than males (partly reflecting increased labour force participation).[10]

10. Over the past two years, Egypt witnessed significant improvement in political and civil stability. The ongoing economic reform, however has had the unintended effect of increasing, in the short term, the vulnerability of the poorest households and even further exacerbating inequalities. Furthermore, the new constitution and the Sustainable Development Strategy (Egypt Vision 2030) provide a platform and emphasize the role of civil actors and non-government organizations in development. Continuing poor levels of public budgetary resourcing of social services, notably in areas of health, education and child protection, are compounded by weak budgetary commitments by multilateral development agencies.

[8] Government of Egypt, Constitution of the Arab Republic of Egypt, 2014.
[9] UNICEF country office Egypt, Children in Egypt 2016: a statistical digest (table 3.01), 2016.
[10] Ibid (table 15.13).

11. The growth in human movement resulting from national and regional instabilities has included large numbers of children. Egypt is an increasingly prevalent source, destination and transit country, with Syrians accounting for around 60 per cent of registered refugees and asylum seekers. By end-2016, there were 116,000 registered Syrian refugees in Egypt, of whom 44 per cent were children.[11] The remaining 40 largely originate from Iraq, Sudan and the Horn of Africa. The Government estimates that there are significant numbers of unregistered Syrians and others within its borders. Additionally, one in six 15 to 29 year old Egyptians aspire to emigrate within five years, and two in three unaccompanied Egyptian children report that the lack of job opportunities and poor living conditions in Egypt is a driver of their decision to emigrate.[12] There are multiple vulnerabilities for such children, and ensuring access to services is a complex and fluid challenge.

12. Emerging priorities demand greater focus in this programme cycle on particular intervention areas. The new country programme introduces an early childhood development (ECD) focus, in line with national reforms and government priorities, that bridges the first 1,000 days through to the early years of formal education. The child-focused social protection programme includes advanced work on multidimensional child poverty and deprivations as well as support to national, targeted conditional cash transfers for children living in poverty. An accelerated focus on social norms to strengthen girls' empowerment, minimize harmful practices and optimize positive parenting will deliver benefits across all programme areas in addressing systemic barriers to child rights for the most vulnerable. The special vulnerabilities for children on the move place additional demands on Government that UNICEF is well-placed to support, due to already established entry points in sectors including education and child protection.

13. Over the past years, UNICEF has improved its approach towards addressing this difficult programming environment. It builds on the organization's growing technical cooperation with key government partners in building evidence-based planning and monitoring. This includes: (a) key national partnerships for advocating and enacting a child rights-based programme in view of the 2014 Constitution and the national Vision 2030; (b) an improved and comparatively strong national system of statistics and information systems for reporting, monitoring and analytical purposes, including in social policy and planning; (c) the Government's adoption of an ambitious expansion of its social protection framework, with particular attention to targeted cash transfers for children's improved opportunities; and (d) a promising commitment by the Government to a substantial expansion of ECD access and quality.

14. These partnerships are informed by two key lessons learned from the 2015 mid-term review of the country programme and the strategic upstream utilisation of the Monitoring Results for Equity System (MoRES).

15. First, the mid-term review emphasized the merit of social norms-informed interventions as the critical strategy toward the elimination of violence against children.[13] These interventions require building positive parenting skills and creating a conducive environment in which social expectations and support facilitate the adoption of new and positive behaviours. Abandoning FGM/C, for example, calls for direct engagement with girls and boys and young women and

[11] United Nations High Commissioner for Refugees (UNHCR) (link).

[12] Population Council, Panel Survey of Young People in Egypt 2014, p. 71, 2015; International Organization for Migration, Egyptian unaccompanied migrant children, p. 20, 2016.

[13] Ibrahim, S, "Assessment of gender gap and opportunities in UNICEF Egypt country office documents", UNICEF country office Egypt, 2016.

men focused on their empowerment and life-skills learning. It also calls for local responses, including the strengthened community-level engagement of religious leaders, innovators and legal and medical professionals. This approach will be much more effective in addressing social norms-related programming in the new programme cycle, including early marriage, gender-based violence and violent forms of discipline.

16. Second, the broad application of MoRES from policy and planning levels down to service delivery makes it easier to detect and remove bottlenecks to effective interventions. Within the national maternal and child-health system, MoRES has generated better indicators to track bottlenecks, such as frequent stock-outs and the unavailability of physicians at government family-health units. It has strengthened the health management information system with built-in checks for quality information, real-time feedback and improved decision-making on points in the system requiring corrective actions down to the village level. It is now addressing shortcomings in parallel data for nutrition, with the potential for full institutionalization of MoRES within the central health management information system and improved application across other programme sectors.

17. The previous country programme cycle was a period of considerable volatility and change. Reforms since 2014 provide opportunities for a more focused, strategic and cross-sectoral programme beginning in 2018, built on a stronger knowledge base and new partnership realities with the Government. This enables an explicit focus within the country programme on ensuring *a fair chance for every child* that responds to key areas of disparity to minimize inequities, and on building positive behaviours and parenting practices to minimize vulnerabilities.

Programme priorities and partnerships

18. This programme of cooperation marks a shift in programming — now focused on expanding opportunities for the poorest children and mitigating the inter-generational transmission of poverty and inequity. This shift will take place through greater emphasis on social protection, minimizing disparities in service access and quality for children, and strengthening social norms and behaviours that support children's rights and well-being. The new focus will benefit from improvements in data collection and analysis, which will help to identify disparities and inform policy, including better understanding of the challenges in areas of weak quantitative knowledge, such as children and climate change, and childcare practices. The programme will address the particular vulnerabilities of children on the move through individual resilience strengthening measures.

19. In contributing to the United Nations Partnership for Development Framework (UNPDF) in Egypt, 2018-2022, the country programme is fully aligned with the Vision 2030 National Sustainable Development Strategy. This includes the expansion of the national social protection framework as a major strategy for poverty reduction, for which UNICEF will continue to be a key technical partner in collaboration with the United Nations system and the World Bank. Central to National Sustainable Development Strategy poverty reduction measures has been the scaling-up of cash transfers to reach children in 1.7 million families by mid-2017 and a commitment for further expansion. UNICEF will provide technical support to the Government to help generate evidence to strengthen the quality and coverage of the social protection programmes for poor and vulnerable children, including children with disabilities, and to enhance linkages to child health, nutrition and education outcomes.

20. The expansion of social protection programmes to reach larger numbers of poor children and their families requires strengthening parallel work to improve access to and quality of services for child health, nutrition, education and child protection. In health, this means building a more sustainable, responsive, low-cost system, focused on further improving neonatal survival. In nutrition, it focuses on prevalent areas of malnutrition, including stunting and anaemia, and the emerging overweight prevalence. In education, it is predominantly the challenge of high levels of access but weak quality, low learning outcomes and associated dropout rates. In child protection, enhancing the quantity and quality of the workforce along with the strengthening of policies and standards is required.

21. Because so many of the country programme interventions are dependent upon the behaviours of key duty-bearers, and a significant part of these behaviours are conditioned by social expectations, the programme places greater emphasis on positioning social and behavioural change to strengthen the impact of programme strategies. It will direct that emphasis to two major drivers of change: girls' empowerment and positive parenting. Tackling root causes will enhance programmes' impact across sectors, including social protection, child survival and early development, education and child protection.

22. The close UNICEF engagement with the Government in the national social protection framework has engendered a cross-sectoral country programme, with the linkages needed to tackle children's multiple deprivations sustainably. This approach will occur from the earliest stages of the life cycle in order to maximize investment dividends from children's development and learning. The approach is built on an ECD focus that links interventions from improved support for pregnant mothers through to the child's better prepared, timelier entry into primary schooling. The approach emphasizes neonatal survival and improved interventions for the elimination of mother-to-child transmission of HIV, introduction of new vaccinations, improved nutritional standards and hygiene practices, and expanded access and higher quality early learning and development opportunities. It also addresses the weak quality of educational services; high rates of violence against children; and the effects of poor economic, civic and social opportunities for adolescents, their comparative social exclusion and the impact of harmful practices such as FGM/C and early marriage on adolescent girls, particularly in rural areas.

23. UNICEF will focus its interventions in areas of greatest vulnerability. It will target governorates with the highest entrenched extreme poverty and inequities, as well as governorates that afford the best opportunities in developing models of practice, including expertise in areas of urban programming, the challenges of slum communities and the particular needs of Upper Egypt.

24. In summary, the country programme is focused on promoting sustainable development with multidimensional equity for children. It aims to support poverty reduction efforts as well as the elimination of disparities through early interventions that represent effective developmental investments. It prioritizes interventions focused on strengthening equity of access for and equitable impact on all children. It will direct these interventions to easing barriers to children's opportunities and rights, in which ECD is positioned as a key means by which multiple threats to children may be addressed, and as a strategic mechanism for ensuring strong cross-sectoral linkages within the country programme.

25. This approach embodies the *fair chance for every child* principle at the centre of the SDGs, and is a necessary prerequisite for child rights and well-being. It informs the more integrated framework of the country programme, which comprises three components: (a) social inclusion and data; (b) survival and early development; and (c) learning and protection.

26. The **social inclusion and data** programme component will ensure that, *by 2022, poor and vulnerable children are better identified and increasingly benefit from child sensitive and integrated social protection systems and child responsive national policies and public spending.* UNICEF will work with partners to strengthen the knowledge base and enable the operational cross-sectoral linkages with the national social protection framework, especially including cash transfers that directly improve the equity of developmental opportunities for vulnerable girls, boys and (especially young) mothers. UNICEF will provide technical assistance to strengthen national capacities for the analysis of disparities and monitoring of child-related SDGs.

27. UNICEF will work with key government partners to generate and analyse data and strategic information, and strengthen evidence-based policy on cross-sectoral measures to minimize deprivations and eliminate extreme poverty. This comprises the following:

(a) strengthening social protection systems to provide appropriate responses to the needs of poor and vulnerable children, including those with disabilities; and

(b) increasing the availability of rigorous quality disaggregated data and analysis on children for more inclusive, equitable decision-making.

28. The **survival and early development** programme component will ensure that, *by 2022, more vulnerable children aged 0 to 6 years, have improved survival, and are nurtured and stimulated for improved early childhood development.* It brings together three subcomponents to promote synergistic, intersectoral approaches: health, nutrition and ECD. The health subcomponent focuses primarily on the neonatal stage of child survival and associated maternal well-being and postnatal care, with the key aim of accelerating Egypt's good progress toward reducing neonatal and maternal mortality while strengthening coverage of measures to particular at-risk populations. The nutrition subcomponent addresses weak progress in key areas of concern in undernutrition — stunting, wasting and anaemia in mothers and infants — alongside deteriorating trends in over-nutrition (overweight and obesity). The ECD sub-component emphasizes the importance of strengthening nurturing care in early years, comprising strengthened parenting and quality early-learning and education support, combined with adequate health and nutrition interventions within a safe, non-violent environment.

29. This cross-sectoral approach constitutes a strong, coherent way to address physical, cognitive and social-emotional development in the early years, provide children with the 'best start' for their health and development, prepare them and their families for basic education, and ultimately help them to benefit from and contribute to future individual and societal successes. It is an important investment that ensures a fair chance for all.

30. UNICEF will provide technical support for:

(a) building capacity within government to coordinate and effectively manage a comprehensive cross-sectoral early childhood development approach;

(b) strengthening national capacities to provide quality primary and secondary maternal, child and adolescent health services, particularly through an improved data management system;

(c) coordinating and strengthening institutional capacities to improve the nutritional status of children and women;

(d) ensuring more vulnerable children have access to quality formal and non-formal early childhood care and education opportunities through the scaling-up

of kindergartens and nurseries countrywide, alongside efforts to enhance the skills of parents and caregivers;

(e) strengthening the ability of parents and caregivers to provide nurturing care and positive discipline to their children, and access assistance from social support mechanisms when necessary.

31. The **learning and protection programme component** will ensure that, *by 2022, more vulnerable children, adolescents and youth experience improved learning and are increasingly protected from violence, abuse, exploitation and neglect.* This covers children of all ages, but includes a focus on adolescents, especially girls, given their particular vulnerabilities.

32. UNICEF will support the Government in strengthening access to education for the most vulnerable children and learning quality. Its support in these areas will help to ensure learning, life skills, personal empowerment and active citizenship. It will help to build the capacity of policy and lawmakers in the development of policies and systems for prevention and protection, strengthen the social workforce's capacity to implement that framework, and promote positive changes in the knowledge and behaviours of key duty-bearers to children. UNICEF seeks to address violence against children in the home, schools and communities, using parenting programmes as the main entry point.

33. UNICEF will generate evidence and provide technical assistance to strengthen the national capacity to ensure increased access to quality formal and non-formal learning opportunities for the more vulnerable children, adolescents and youth, including children on move. To better protect and respond to violence, exploitation, abuse and neglect, UNICEF will provide technical support to enhance the skills to plan, monitor and budget for child protection prevention and responses; and to provide better quality prevention and response services, particularly for the more vulnerable children, including those on the move. One area of particular support to the Government will be enforcement of laws protecting children from harmful practices, such as FGM/C. UNICEF will also support actions to improve understanding of the impact of violence against children and reduce gender-based harmful practices (FGM/C, early marriage). UNICEF will work with partners to promote the improved participation of children and adolescents in decisions that affect their lives, and in civic engagement initiatives that amplify their voices, ideas and creativity.

34. Across all programme components, UNICEF key partnerships include, within government, the Ministry of Finance, Ministry of Investment and International Cooperation, National Council for Childhood and Motherhood, Ministry of Planning, Monitoring and Administrative Reform, National Population Council, National Human Rights Council, Central Agency for Public Mobilization and Statistics, Ministry of Health and Population, Ministry of Social Solidarity, Ministry of Education and Technical Education, National Nutrition Institute, Ministry of Justice, Ministry of Interior, Ministry of Youth and Sports and Ministry of Communications. These will be complemented by partnerships with other national actors, civil society and non-governmental organizations, religious leaders and academia. The World Bank and European Union continue to be important partners alongside United Nations organizations, including the World Food Programme, World Health Organization, Office of the United Nations High Commissioner for Refugees and United Nations Population Fund, plus the International Organization for Migration. Building on experiences in the current cycle, stronger partnerships with the private sector are envisaged. Private sector partnerships will follow the integrated corporate engagement approach and include

upstream work engaging businesses on child rights and innovation, and downstream work in fundraising and advocacy.

35. The **programme effectiveness** component will support efficient and effective planning, management, monitoring and quality assurance of the programme, and will ensure close linkages and coordination between UNICEF and the implementation of the UNPDF, 2018-2022, and the national Vision 2030. It will emphasize partnerships and advocacy, and key cross-cutting areas to support results across all outcomes. Partnerships will particularly focus on private sector partners for resource mobilization and on advocacy for child friendly business practices. Cross-sectoral approaches include communication for development, gender mainstreaming, integration of disaster risk reduction, emergency preparedness and support to subnational coordination.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Social inclusion	3 000	15 000	18 000
Child survival and early childhood development	4 000	30 000	34 000
Learning and child protection	4 205	30 000	34 205
Programme effectiveness	3 000	5 000	8 000
Total	**14 205**	**80 000**	**94 205**

Programme and risk management

36. The country programme cooperation is coordinated by the Ministry of Investment and International Cooperation and the Ministry of Foreign Affairs. The UNPDF, 2018-2022, to which the country programme contributes, will be governed through inter-agency and governmental structures with oversight by the programme management team, reporting to the Government-United Nations UNPDF steering committee and the United Nations country team.

37. This country programme outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

38. Key risks for achieving country programme results include the volatility of the political and socioeconomic environment in the region, and its potential negative impacts on Egypt; chronic conflicts in neighbouring countries; changing funding priorities for donors; and economic slowdown and increasing vulnerabilities as a result of national economic reforms. UNICEF will review the likelihood and impact of those risks on an annual basis.

39. UNICEF will continuously monitor the real and potential impact of national economic reforms on fiscal capacities and household conditions, as well as changes in the political environment that may constrain government priorities or capabilities. It will make programme adjustments, including geographic targeting, as necessary.

40. The country programme includes a marked strengthening of strategic communication capacity. This will support improved donor engagement, including exploration of non-traditional funding sources, and advocacy for continued child-centred bilateral development assistance in a climate of declining donor support.

41. The strong engagement of the UNICEF regional office technical staff in the implementation of the country programme will be an important factor should risks mandate a reconfiguration of programming.

Monitoring and evaluation

42. The country programme components will strengthen their internal planning, monitoring and evaluation and data management capacities with a progressive expansion of innovation, reflected in investing in real-time monitoring and other performance monitoring tools. UNICEF will support government and implementing partners' planning, monitoring and information system's capacity for more effective implementation and performance. A dedicated focus on strengthening government partners' capacity to produce and utilize evidence for policy advocacy and decision-making will ensure that social protection policies and programmes are more inclusive of poor and vulnerable children and better achieve the Government's commitment to child-related SDGs and its Vision 2030. Egypt's Demographic and Health Survey is planned for 2018/2019, and UNICEF is currently discussing the inclusion of key child-related indicators, such as the ECD index. Internal mechanisms for overseeing performance will include a quarterly review and endorsement of key programme and management priorities in the annual management and semi-annual programme review meetings. Programme results will be reviewed with government partners, such as line ministries and relevant national councils.

43. The Integrated Monitoring and Evaluation Plan (IMEP) will be the central tool for routine monitoring of key studies and evaluations. An internal evidence-based task force will work to ensure management oversight of effective planning, utilization of research and evaluation evidence, and monitoring and evaluation capacity-building, including in information and communications technology and data generation, within the IMEP framework.

44. As outlined in the costed evaluation plan, UNICEF will conduct four strategic evaluations, focused on the contribution of positive parenting and girls' empowerment interventions, social inclusion and social protection interventions, the humanitarian response under the Regional Refugee and Resilience Plan (3RP), and the 1,000 days nutrition model. UNICEF will undertake a mid-term review of the country programme in 2020, and will prepare a situation analysis of children in Egypt in the lead up to the subsequent country programme cycle. UNICEF will be a central participant, via the monitoring and evaluation task force in the monitoring and evaluation of the UNPDF. The concurrent mid-term review in 2020 of the UNPDF and UNICEF country programme will enable UNICEF to ensure its strategic contribution to the national priorities of Egypt.

Annex

Results and resources framework

Egypt — UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Particular focus on articles 1-5, 23, 26, 27.
National priorities: Main focus on SDGs 1.1, 1.2, 1.3, 5c, 10.3, 16.2; main focus on Vision 2030 National Sustainable Development Strategy (SDS) indictors:[14] social justice 8-10, health 7-8, 13, education and training 3, 4, 6, 9, 11.
UNDAF outcomes involving UNICEF: Social justice, inclusion and human development; Social protection; Health, nutrition and population; Education; Protection. **Outcome indicators measuring change that includes UNICEF contribution**: Indicators for the UNPDF, 2018-2022, are currently under development.
Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[15] 1-5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Social inclusion and data By 2022, poor and vulnerable children are better identified and increasingly benefit from child-sensitive and integrated social protection systems and child-responsive	Child poverty statistics included in the regular National Statistical Office poverty reporting. Baseline 2017: No Target 2022: Yes	Central Agency for Public Mobilization and Statistics (CAPMAS) reports	1. Social protection systems to provide appropriate responses to the needs of poor and vulnerable children are strengthened. 2. Increased availability of quality disaggregated data and analysis on children, for more inclusive and equitable decision-making.	CAPMAS, MoSS, Ministry of Investment and International Cooperation (MoIC), MoF, National Council for Childhood and Motherhood (NCCM), Ministry	3 000	15 000	18 000
	Number of children covered by the social protection system (data available disaggregated by	Ministry of Social Solidarity (MoSS) reports					

[14] Ministry of Planning, Monitoring and Administrative Reform (2015): Egypt Vision 2030, Government of Egypt's inventory of key performance indicators against each National Sustainable Development Strategy pillar.

[15] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
national policies and public spending.	sex, age, disability and location). Baseline 2017: 3.5 million Target 2022: 7.0 million			of Health and Population (MoHP), Ministry of Education and Technical Education (MoETE), Ministry of Youth and Sports (MoYS)			
	Percentage of GDP on targeted social protection for poor and vulnerable families and children. Baseline 2017: 2.3% Target 2022: 3.0%	Ministry of Finance (MoF) national budget					
	Number of national reports with updated key performance indicators related to children (for example, SDS/SDGs). Baseline 2017: 0 Target 2022: 2	MoIC SDS reports					
Survival and early development By 2022, more vulnerable children in their early years (aged 0 to 6) have improved survival and are nurtured and stimulated for improved early childhood development.	Percentage of children aged 3 to 5 who are on track in at least three of four development domains (learning, literacy-numeracy, physical, social-emotional) with data available disaggregated by sex, location and wealth quintile. Baseline 2018: TBD Target 2022: +5%	Egypt Demographic and Health Survey (DHS)	1. Cross-sectoral ECD policies and standards updated and coordination and management capacities are enhanced. 2. National capacity for quality assurance of primary and secondary maternal, child and adolescent health services is strengthened. 3. Nutrition national policies and institutional capacities are strengthened. 4. National capacity to provide formal and non-formal early	MoSS, NCCM, MoHP, MoETE, National Population Council (NPC), National Nutrition Institute (NNI), ECD task force, World Bank, UNHCR, Joint United Nations Programme on HIV/AIDS (UNAIDS), NGOs,	4 000	30 000	34 000

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Number of children aged 0 to 28 days who die out of 1,000 children — neonatal mortality rate (data available disaggregated by location, wealth quintile and mothers education). Baseline 2014: 14/1,000 Target 2022: 12/1,000	Egypt DHS	childhood care and education services for more vulnerable children is strengthened. 5. Parents and caregivers in targeted areas have enhanced skills and social support needed to provide nurturing care and positive discipline to their children.	academia, media			
	Percentage of children aged 3 to 5 years who are currently attending an organized early childhood education (data available disaggregated by age, sex, location and wealth quintile). Baseline 2014: 47% Target 2022: 55%	Egypt DHS					
	Percentage of children aged 0 to 5 months who are exclusively breastfed. Baseline 2014: 13% Target 2022: 35%	Egypt DHS					
Learning and protection By 2022, more vulnerable children, adolescents and youth experience improved learning and are	Percentage of grade eight students not reaching the low benchmark learning outcomes in core subjects: (a) mathematics, (b) science, and (c) reading (data available	TIMSS PIRLS	1. National capacity to improve effectiveness and efficiency of education service delivery for children, adolescents and youth, including those on the move, is strengthened. 2. Education providers in selected	MoETE, MoYS, NCCM, MOSS, MoH, Ministry of Interior (MoI), Ministry of Justice (MoJ), Prosecution Office, UNHCR,	4 205	30 000	34 205

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
increasingly protected from violence, abuse, exploitation and neglect.	disaggregated by sex). Baseline 2015/2016: (a) 53%, (b) 58%, (c) TBD Target 2022: (a) 50%, (b) 55%, (c) -5%		governorates have strengthened capacities to deliver quality formal and non-formal relevant learning opportunities, particularly for out-of-school children, children with disabilities and those on the move. 3. National capacity to legislate, plan, monitor and budget for child protection prevention and response, including for children on the move, is strengthened. 4. Service providers in targeted locations have strengthened capacities to prevent violence against children and deliver quality child protection interventions to children at-risk, including those in contact with the law, on the move and survivors of violence. 5. Social perceptions and attitudes towards violence against children and harmful gender-based practices are improved in targeted areas. 6. Participation of children and adolescents in decisions that affect their lives, including in civic engagement initiatives and mechanisms, is improved in targeted areas.	UNFPA, NGOs, academia, media			
	Percentage of girls and women aged 15 to 17 have undergone circumcision (FGM/C) (data available disaggregated by age, location, wealth quintile and mothers education). Baseline 2014: 61% Target 2022: 58%	Egypt DHS					
	Percentage of children aged 1 to 14 experienced any violent disciplining method during the past month (data available disaggregated by sex, age, location, wealth quintile and mothers education. Baseline 2014: 93% Target 2022: 88%	Egypt DHS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Programme effectiveness The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of management and programme priority indicators meeting scorecard benchmarks. Baseline 2016: 70% Target: 100%	UNICEF scorecard	1. UNICEF staff and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes. 2. UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child rights issues. 3. Strategies to address cross-cutting issues related to child rights are developed and applied.		3 000	5 000	8 000
	Percentage of funds received as 'other resources' against 2018-2022 country programme planned amount. Target: 100%	UNICEF Vision					
	Percentage of 2018-2022 country programme evaluation recommendations implemented, closed and reported within 12 months of uploading. Target: 100%	UNICEF records					
Total resources					**14 205**	**80 000**	**94 205**

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Area programme document

Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the State of Palestine

Summary

The area programme document (APD) for Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the State of Palestine is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The APD includes an aggregate indicative budget of $28,876,000 from regular resources, subject to the availability of funds, and $51,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale[1]

1. The Palestinian population in the subregion comprising the State of Palestine, Lebanon, the Syrian Arab Republic and Jordan is estimated to be 7.7 million: approximately 4.8 million are living in the State of Palestine (2.9 million in the West Bank and 1.9 million in Gaza)[2]. The remaining 2.9 million live in neighbouring host countries: 560,000 in the Syrian Arab Republic, around 280,000 in Lebanon[3] and over 2.14 million in Jordan. Some 5.1 million Palestinians are registered as refugees with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). An estimated 110,000 Palestinian refugees have left the Syrian Arab Republic due to the conflict, with 32,000 now in Lebanon and 16,400 in Jordan. Approximately 29 per cent of registered refugees live in 58 overpopulated official UNRWA camps throughout the region, with the remainder living in unofficial camps, towns and villages.

2. The Palestinian population is young, with 39 per cent in the State of Palestine under the age of 15 years and 30 per cent between 15 and 29 years. In the Syrian Arab Republic, 39.7 per cent of Palestinian refugees were below the age of 18 years in 2016. In Lebanon, nearly half the Palestinian refugee population and 56.2 per cent of the Palestinian refugees from the Syrian Arab Republic are under the age of 25 years. In Jordan, 23 per cent of Palestinian refugees are children under the age of 15 years.

3. The subregion has experienced a highly unstable political, security and socioeconomic environment in the past five years. Living conditions in the State of Palestine have deteriorated against a backdrop of continued occupation, conflict cycles and the closures imposed in Gaza. Poverty remains high, with 39 per cent of families in Gaza and 18 per cent in the West Bank living below the national poverty line. Unemployment affects 26 per cent of the population (17 per cent in the West Bank and 41 per cent in Gaza), with 23 per cent of males unemployed compared with 39 per cent of females.

4. The ongoing conflict in the Syrian Arab Republic has devastated that country and the large-scale movement of refugees has had significant consequences on the region. In the Syrian Arab Republic, 57 per cent of the Palestinian population over the age of 15 years was unemployed in 2016. While Jordan has remained politically stable, the number of refugees is placing enormous pressure on the economy and host communities. Likewise, in Lebanon, against a background of protracted political instability and socioeconomic marginalization, unemployment among Palestinian refugees reached 23.2 per cent in 2015, with two-thirds living below the poverty line and 3.1 per cent in extreme poverty.

5. Over 90 per cent of Palestinian children in the subregion are accessing formal primary education (provided by governments or UNRWA) and over 60 per cent are accessing secondary education. However, the quality of educational services and access to them remain a challenge. In the State of Palestine, multiple barriers continue to be imposed by the occupation, with children vulnerable to violence and harassment on their way to school. There is also a significant gender gap in secondary education enrolment (58 per cent male

[1] Except where otherwise indicated, the data in the APD is drawn from government statistics; government ministry, agency and department reports; UNICEF surveys and research; and UNRWA reports and surveys.

[2] http://www.pcbs.gov.ps/site/512/default.aspx?tabID=512&lang=en&ItemID=1823&mid=3171&wversion=Staging

[3] Chaaban, J., N. Salti, H. Ghattas, R. Habib, A. Irani, T. Ismail, and L. Batlouni (2016). Survey on the Socioeconomic Status of Palestine Refugees in Lebanon 2015, American University of Beirut (AUB) and the UNRWA.

against 76 per cent female). The Syrian refugee crisis is straining education systems across the region. In Lebanon, attendance and completion rates, while high at the primary-school level, have been declining (from 96.3 per cent in 2011 to 93.3 per cent in 2015 for grade 6). School readiness through early childhood education is limited and generally unaffordable for the most vulnerable. In 2015, enrolment in kindergarten was at 52.1 per cent in Lebanon among Palestinian refugees from the Syrian Arab Republic; 57.3 per cent in the Syrian Arab Republic among Palestinian children and 57.3 per cent in the State of Palestine.

6. Knowledge-based rather than competency-based curricula leave students inadequately prepared for the transition to higher education and work. Patriarchal norms in Palestinian society, often accompanied by discriminatory legislation, leave women marginalized in terms of the types of studies and employment that they are permitted.[4] Youth unemployment is a major challenge in the Gaza and the West Bank, including East Jerusalem, with 40.7 per cent of youth aged 15 to 24 years unemployed (36.4 per cent of males and 60.8 per cent of females), and 61 per cent in Gaza. Consequently, many wish to emigrate (15 per cent of youth in the West Bank and 37 per cent in Gaza). In Lebanon, unemployment disproportionately affects youth (36.4 per cent), with 74 per cent of adolescent Palestinian refugees living in poverty and 5 per cent in extreme poverty. Palestinian adolescents lack opportunities to actively participate in their communities. In 2015, in the State of Palestine, only 21.9 per cent of youth aged 15 to 17 years were involved in volunteer work, 2 per cent were members of civic, cultural or non-governmental associations and 10.5 per cent were affiliated with a political party[5].

7. Palestinian children remain at risk of violence, maltreatment and other violations, with potentially severe and long-term repercussions. They are vulnerable to violence due to the protracted conflict, on the way to school, at home and in communities. Regionally, child-protection systems require capacity development and enhanced coordination mechanisms. Those established at the national level have limited reach in Palestinian refugee camps.

8. In the community, schools and households, violent disciplinary practices prevail. In the State of Palestine, 70 per cent of students are exposed to violence at school.[6] A staggering 92 per cent of children aged 1 to 14 years experienced violent disciplining at home in the month prior to a 2014 survey and 27.4 per cent of males were exposed to severe physical punishment, compared with 18.9 per cent of females. In Lebanon, violent disciplinary practices were reported by 82.3 per cent of Palestinian refugee boys and 81 per cent of girls. In Jordan, 66 per cent of children aged 2 to 14 years were subjected to at least one form of physical punishment by adult household members in 2012. In the Syrian Arab Republic, 88 per cent were subjected to psychological and/or physical punishment in 2016.

9. Child labour and child marriage are increasingly used as coping mechanisms, especially in countries affected by the Syrian conflict. In the Syrian Arab Republic, 11.3 per cent of Palestinian children aged 5 to 14 years engaged in child labour in 2016.[7] Early marriage is common in the State of Palestine, with 24 per cent of women aged 20 to 49 years married before the age of 18 and 2 per cent of women aged 15 to 49 years married

[4] UNDP, (2015). Development for Empowerment, The 2014 Palestine Human Development Report.
[5] PCBS (2016), Palestinian Youth Survey, 2015 Main Findings, Ramallah, Palestine.
[6] MoEHE (2016), Annual Report 2015, Palestine.
[7] Child labour is defined as follows: children in the age group 5-11 years who performed an economic activity for one hour or more, or domestic work for 28 hours or more during the week preceding the survey; children in the age group 12-14 years who performed an economic activity for 14 hours or more, or domestic work for 28 hours or more during the week preceding the survey.

before the age of 15. This is a particular concern in Gaza, where the adolescent birth rate (girls aged 15-19 years) is 66 per 1,000 compared with 35 per 1,000 in the West Bank. In Lebanon, 5.9 per cent of Palestinian refugee girls and 13.4 of Syrian girls aged 15 to 19 years are married. In the Syrian Arab Republic, 13 per cent of Palestinian women aged 20 to 49 years were married before the age of 18.

10. The health conditions of Palestinians continue to reflect their socioeconomic deprivation, as well as their difficulties in accessing services. While maternal and child health mortality and morbidity indicators have improved in recent years, the capacity of governments and UNRWA to provide quality maternal and child health care and specialized treatment for newborns and infants is limited in all countries. Under-five mortality among Palestinians was 22 per 1,000 in 2014 in the State of Palestine, 8 per 1,000 in 2015 in Lebanon, 32 per 1,000 in 2016 in the Syrian Arab Republic and 21 per 1,000 in 2012 in Jordan. Most child deaths occur in the first year of life, particularly in the neonatal period.

11. The nutritional status of Palestinian children has slightly improved in all countries, except in the Syrian Arab Republic, where there are alarming levels of malnutrition. There have been encouraging improvements in key nutritional indicators for children in recent years, with declining levels of wasting (1.7 West Bank; 0.7 Gaza), stunting (7.7 West Bank; 7.1 Gaza) and underweight (1.5 West Bank; 1.3 Gaza).[8] Exclusive breastfeeding for the first six months of life remains low for Palestinian infants (39 per cent in the State of Palestine, 26 per cent in Lebanon, 18.1 per cent in the Syrian Arab Republic, 22.7 per cent in Jordan), and most countries have health-system barriers, including early discharge and high levels of caesarean sections, which limit the early initiation of breastfeeding. In the State of Palestine, only 42 per cent of children aged 6 to 23 months receive an adequate diet and, in 2013, 26 per cent of children aged 6 to 59 months suffered from anaemia, as did 31 per cent of pregnant women. In Lebanon, 25.5 per cent of children and 33.4 per cent of pregnant women are reported to be anaemic.

12. The Middle East is classified as a water-stressed region.[9] Water resources in host countries continue to be strained, and living conditions in refugee camps are unsanitary. Due to the continued occupation, Palestinians have limited access to safe and adequate water. In Gaza, only 10 per cent of households have access to an improved water source and up to 97 per cent of the water from the coastal aquifer is unfit for human consumption. In the West Bank, the water supply is insufficient, with a consumption per person of 79 litres per day (as low as 20 litres per person per day in some parts of Area C).[10] Only 38 per cent of the population in the West Bank and 82 per cent in Gaza are connected to sewage lines. In Palestinian camps in the Syrian Arab Republic, only 37.8 per cent of households have piped water.

13. All four countries continue to have limited capacities and approaches to inclusive and specialized services. Children with disabilities are highly vulnerable and very likely to be poor and under-supported to realize their right to education and health. In the State of Palestine, only 45 per cent of children with disabilities are enrolled in regular education,

[8] PCBS, UNICEF and UNFPA (2015), Multiple Indicator Cluster Survey 2014, Palestine.
[9] World Bank, (2016). SDG 2016 Preliminary Findings.
[10] OCHA (2016). Humanitarian Response Overview – Occupied Palestinian Territory, 2017.

with 17 per cent in special education and less than 1 per cent in vocational education. 38 per cent are out of school entirely.[11]

14. The integrated humanitarian and development programming approach used in the past cycle proved successful in maximizing synergies, effectiveness and sustainability and will be continued, with an emphasis on access to basic services, systems strengthening and humanitarian assistance.

Programme priorities and partnerships

15. The APD has been developed following consultations with the Government of the State of Palestine, host Governments and key counterparts, and is based on their development priorities and strategies. The programme design is informed by recommendations from evaluations and studies and builds upon ongoing successes and lessons learned as well as strategies applied in fragile contexts.

16. The overall goal of the 2018-2022 area programme is to further the realization of children's rights and improve access to basic services, the protective environment and social inclusion for Palestinian children and women. The key implementation strategies across the area programme are: (a) evidence-generation to inform policies and programmes; (b) capacity development of national and civil society partners, focusing on policies, coordination and systems-strengthening; (c) humanitarian assistance that also builds resilience; and (d) behaviour change communication to address barriers related to social norms, attitudes and practices. A particular focus will be on early childhood and adolescence. In the State of Palestine, UNICEF will invest in strengthening adolescent life skills and employability through the education sector, and the participation and civic engagement of adolescents under social inclusion and communication initiatives.

17. The comparative advantages of UNICEF include its access to both Palestinian and Israeli authorities and the host Governments; its strong, long-standing partnership with UNRWA, the World Food Programme, the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Programme, the United Nations Population Fund and other partners; its close cooperation with non-governmental organizations (NGOs), community-based organizations and local communities, with special efforts to develop their capacities and resilience; and its ability to quickly and effectively respond to crises and integrate humanitarian and development strategies in a protracted crisis context.

18. The APD will be implemented through the five outcomes presented below.

Education and adolescents

19. UNICEF will target the most vulnerable children, from early childhood through adolescence, focusing on improving access to and the quality of early childhood and basic education and other learning opportunities. The life skills and citizenship education initiative will be the overarching framework for promoting a knowledge society through improved education outcomes and economic and social development through improved employment and entrepreneurship.

[11] Chaaban et al. (2016) op.cit.

20. In the State of Palestine, UNICEF will focus on strengthening the capacity of caregivers and teachers to use early childhood development (ECD) practices and apply positive discipline. Under the life-skills and citizenship education framework and in collaboration with schools, communities, NGOs and the private sector, the skills of adolescents for entrepreneurship will be developed alongside opportunities to practise them. Technical support will continue to be provided to the Ministry of Education and Higher Education and other partners to develop the national framework for life-skills education, institutionalize humanitarian response coordination as a key ministry function and strengthen pre-primary education service provision. Policy advocacy and programmatic interventions will support increased access to quality education to reduce dropout and to protect education services from the impact of conflict in the most vulnerable areas.

21. In Lebanon, UNICEF will focus on enhancing early childhood learning and sustaining equitable access to basic education, learning opportunities and integrated community-based ECD services. The programme will support UNRWA and NGOs to improve the quality of teaching and of learning environments through capacity-building, with a special focus on inclusive child-centred education reform, remedial education and learning support. Social cohesion will be fostered through youth initiatives, life-skills education and participation programmes, in line with the youth strategic framework and the life skills and citizenship education framework.

22. In the Syrian Arab Republic, UNICEF will continue to focus on access to education to reach out-of-school and displaced children, supporting alternative forms of basic education and community-based ECD services. Adolescents and youth will be empowered through the life skills and citizenship education framework and adolescent engagement programmes, including HIV and healthy lifestyle awareness campaigns, with a concentration on increasing the opportunities of the most vulnerable Palestinian adolescents and youth to develop and implement social and business entrepreneurship initiatives in their communities.

23. In Jordan, UNICEF will continue to focus on quality and inclusive basic education for Palestinian refugee children. Emphasis will be on rolling out an inclusive education strategy to promote access for the most vulnerable, particularly those with disabilities; providing teacher training; and monitoring the implementation of the inclusive education toolkit in schools. UNICEF will support national institutions to implement youth-focused services that provide life skills and citizenship education programmes, asset and capacity development, coaching and mentoring and networking for adolescents and youth. Support will also be provided for Palestinian refugee children to strengthen access to integrated programmes and referral to specialized services.

Child protection

24. UNICEF will work with national and regional partners to ensure that more Palestinian children are protected from violence, exploitation and grave violations through the improvement of the capacity of partners and service providers to detect, prevent and respond to acts of violence against children. UNICEF will engage with parents, caregivers and teachers to enhance their knowledge and skills to promote non-violent behaviors.

25. In the State of Palestine, UNICEF will continue to support the development and implementation of legal and policy frameworks, and management and coordination mechanisms at the national and community levels that promote child protection, including through the rolling-out of case management standard operating procedures for child

protection and gender-based violence. Child protection services, including structured psychosocial support to children affected by conflict and violence, will continue to take place within a longer-term child protection systems and case-management approach, which integrates service-delivery systems and capacity-building in humanitarian responses. In parallel, UNICEF will continue evidence-based advocacy with Israeli, Palestinian and international actors on the impact of grave violations on children including the ill treatment of children in detention. Technical capacities will be strengthened and quality standards promoted to improve access to child-friendly justice and protection processes, including specialized training and support for justice and social welfare actors. To promote non-violent behaviors, UNICEF , the Ministry of Social Development and partners will support children and adolescents to have better conflict management skills, to increase demand for the establishment and availability of services for children in need, and support enforcement of corporal punishment policy in schools. Innovative communication for development (C4D) approaches will reach families and communities with information that contributes to the prevention of violence and exploitation.

26. In Lebanon, UNICEF will continue to focus on preventive and response interventions in child protection and gender-based violence through community mobilization initiatives, enhanced psychosocial care and case-management services for children and adolescents who are at high risk or survivors of violence, abuse, and exploitation. Systems-strengthening will be carried out in partnership with UNRWA and NGOs. The national Child Protection Case Management standard operating procedures will be contextualized for better applicability to the context of the Palestinian refugee camps. Attention will be given to children with disabilities through the strengthening of referral pathways to ensure coordinated service provision.

27. In the Syrian Arab Republic, the programme will continue to support community-based child-protection interventions, including psychosocial support services that respond to the needs of those most affected by the crisis. Increased protection of children from explosive war remnants and from violence and abuse, including domestic discipline, will be promoted through school-based risk-education programmes, public risk-awareness campaigns and community initiatives, which will also target out-of-school children. Continued support will be provided to the establishment of basic child-protection case-management and referral mechanisms.

28. In Jordan, UNICEF will focus on reducing violent practices against children at home, in schools and in communities through C4D campaigns. Teachers, school principals and parents will be actively involved in promoting an inclusive, safe and violence-free learning environment. The protection of children will be enhanced through community-based approaches for the protection and rehabilitation of abused children, children deprived of parental care and children in conflict with the law.

Health and nutrition

29. The aim of the health and nutrition component is to increase the provision of and access to quality maternal and child health and development services and to promote appropriate maternal nutrition and infant/young child feeding practices for Palestinian mothers and children.

30. In the State of Palestine, UNICEF will enhance the capacity of services providers on child and maternal health, nutrition and development, and will support systems strengthening for integrated early childhood development and the early detection of

developmental delays and disabilities. UNICEF will also advocate for evidence-based planning, including in relation to immunization and targeted interventions for the most vulnerable mothers and young children. The programme will promote social and behaviour change, generate demand for early childhood interventions, and strengthen mechanisms that ensure public accountability. In Gaza, neonatal and postnatal health services, including home visiting, will continue with a focus on high risk pregnancies and adolescent girls.

31. In Lebanon, the programme will continue to support UNRWA clinics for preventive child-health services, including routine immunization. To enhance maternal, neonatal and child health services for Palestinian children and mothers, UNICEF will support UNRWA efforts to mainstream the Family Health Programme. Through the baby-friendly hospital initiative, UNICEF will also help the Palestinian Red Crescent Society to improve service-delivery standards related to obstetric and neonatal care. At the community level, healthy practices and care-seeking behaviours will be enhanced, focusing on neonatal and infant care, ECD and parenting. Specific support will be provided to adolescent mothers through clinical and outreach services.

32. In the Syrian Arab Republic, the programme will be aimed at reducing the mortality rate among Palestinian infants through improved access to and quality of maternal health and nutrition care, including building local partners' capacity to provide services in high-risk areas. UNICEF will ensure the availability of critical medical supplies and promote correct feeding practices through health promotion activities for mothers and caregivers, focusing on internally-displaced-person shelters and vulnerable communities. The awareness of parents and caregivers will be raised to treat diarrhoeal diseases and detect acute respiratory infection in children.

33. In Jordan, UNICEF will continue to support UNRWA health clinics to strengthen and promote the Family Health Programme, the death-audit system and newborn-care services. A continuum-of-care approach will be adopted, with a focus on an improved, integrated primary health-care package that includes newborn, child and maternal health, nutrition, early detection and early-intervention services. UNRWA health-care providers and national institutions will be further supported through targeted capacity-building on the key components of integrated ECD.

Water, sanitation and hygiene

34. UNICEF will work with partners to improve access to safe drinking water, sanitation facilities and hygiene practices for vulnerable families in the State of Palestine, Lebanon and the Syrian Arab Republic with the aim of improving the health, nutrition and learning of children.

35. In the State of Palestine, the focus will be on supporting the elaboration and implementation of water, sanitation and hygiene (WASH)-sector policies, regulations and strategies at the national and local levels and building the sector's capacity. The programme will contribute to safe drinking-water production and distribution, including through seawater desalination at scale and the upgrading of existing brackish-water desalination systems, while improving the sanitation facilities of the most-vulnerable households and supporting their connection to sewerage networks. WASH services and infrastructures will be improved in such key institutions as schools and ECD and family centres.

36. In Lebanon, UNICEF will continue to support UNRWA to improve practices related to water-supply use, wastewater and solid-waste management systems in Palestinian refugee camps, including through C4D and hygiene-awareness initiatives targeting

children, adolescents and women. Advocacy will be conducted to ensure the connection to the Lebanese networks and water-quality monitoring.

37. In the Syrian Arab Republic, UNICEF will support WASH services at the national level under the country's Humanitarian Response Plan. The programme will be focused on upgrading WASH services and infrastructures in UNRWA schools.

Social protection and inclusion

38. In the State of Palestine, UNICEF will provide technical and capacity-building support to the Ministry of Social Development to improve coverage and targeting of integrated social protection systems, as well as to monitor and report on the Convention on the Rights of the Child. Technical and capacity-building support will also be provided to generate disaggregated and gender-sensitive data. Communication approaches will be employed to ensure children and adolescents have improved knowledge, skills and confidence to advocate for their rights.

39. In the Syrian Arab Republic, UNICEF will enhance the resilience of the most vulnerable families and children by increasing the capacity of communities and partners to provide social-care services and providing emergency-related supplies to ensure the inclusion of children with disabilities.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*[12]	*Total*
Education and adolescents			
State of Palestine	2 014	8 000	10 014
Lebanon	1 750		1 750
Syrian Arab Republic	900	500	1 400
Jordan	1 375		1 375
Child protection			
State of Palestine	1 763	8 000	9 763
Lebanon	1 250		1 250
Syrian Arab Republic	300	125	425
Jordan	875		875
Health and nutrition			
State of Palestine	1 763	8 000	9 763
Lebanon	1 250		1 250

[12] "Other resources" refers exclusively to non-emergency OR. Other resources-emergency (ORE) funds are expected during the course of the a a programme.

Syrian Arab Republic	750	450	1 200
Jordan	500		500
Water, sanitation and hygiene			
State of Palestine	1 763	18 000	19 763
Lebanon	250		250
Syrian Arab Republic	250	125	375
Social protection and inclusion			
State of Palestine	3 524	2 000	5 524
Syrian Arab Republic	300	125	425
Programme effectiveness			
State of Palestine	7 299	6 000	13 299
Lebanon	250		250
Syrian Arab Republic	250	175	425
Jordan	500		500
Total	**28 876**	**51 500**	**80 376**
State of Palestine	**18 126**	**50 000**	**68 126**
Lebanon	**4 750**	**0**	**4 750**
Syrian Arab Republic	**2 750**	**1 500**	**4 250**
Jordan	**3 250**	**0**	**3 250**

Programme and risk management

40. The programme priorities are derived from the relevant UNICEF country programmes of cooperation in Jordan, Lebanon and Syrian Arab Republic, and aligned to the United Nations Development Assistance Framework for the State of Palestine (2018-2022) and the State of Palestine National Policy Agenda 2017-2022. Programme management will be undertaken in partnership with the Government of the State of Palestine and the other national authorities across the area programme. The United Nations country team and the humanitarian country team in the respective countries will serve as forums for coordination and partnership.

41. UNRWA is a key long-standing partner for UNICEF in the region. A memorandum of understanding was signed between UNICEF and UNRWA at the regional level in 2016 defining main thematic areas for collaboration and cooperation modalities, further strengthening the coordination of interventions and the monitoring of results.

42. The APD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned

to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

43. The results and resources framework, the individual country Integrated Monitoring and Evaluation Plans and the countries' harmonized approach to cash transfers assurance plans will form the basis for monitoring and evaluation. Each country office will monitor the performance of its area programme component by developing monitoring and evaluation plans focused on measuring progress towards the achievement of its outcomes and cross-cutting priorities. Joint studies will be conducted as appropriate.

44. Midyear and annual reviews with counterparts will be conducted to assess progress towards the realization of child rights. Midterm reviews of the APD will be undertaken at the country level.

Annex

Results and resources framework

Palestinian Children and Women in Jordan, Lebanon, the Syrian Arab Republic and the State of Palestine – UNICEF area programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 1-42 **National priorities:** State of Palestine National Policy Agenda, 2017-2022
2018-2022 United Nations Development Assistance Framework – State of Palestine **Strategic priorities, outcomes and outcome indicators that include UNICEF contributions:** Strategic priorities: 2, 3 and 4; Outcomes: 2.2, 2.4, 3.2, 3.3, 4.1, 4.2 and 4.3
Sustainable Development Goals: 1, 2, 3, 4, 5, 6, 8, 10 and 16 **Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:**[1] 1-5

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Outcome 1: By 2022, more Palestinian children and adolescents, especially the most vulnerable,[2] benefit from improved access to quality and inclusive learning opportunities in safe and protected environments and are better able to contribute to their community and national development.							
State of Palestine	Gross enrolment: pre-primary education Baseline: 57.3% (2015) (M 57.7%-F 56.9%) Target: 70% (M 70%-F 70%)	Ministry of Education and Higher Education (MoEHE) annual report	1. Policymakers and key stakeholders have coordinated and developed evidence-based, gender-responsive education and youth-reform policies. 2. Service providers have	MoEHE, Higher Council for Youth and Sports, local non-governmental organization (NGOs), Save the Children,	2 014	8 000	10 014

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

[2] Identification and targeting of the most vulnerable children for all outcomes will be an ongoing process and will include children living with disabilities, living in areas with high restrictions of movement and/or high levels of political violence and children exposed to multiple deprivations. Issues of gender equity will consistently be addressed.

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of adolescents in target areas involved in civic and economic engagement initiatives Baseline: TBD Target: 20% increase over baseline	Survey	increased capacity to deliver quality, inclusive education and provide opportunities to adolescents to develop and practise life-skills and citizenship education, including in humanitarian settings.	Education Sector Working Group/Education in Emergency Working Group, United Nations,			
	Transition rate between basic and secondary education Baseline: 89.7% (2015) (M 85.5%-F 93.2%) Target: 95% (M 94%-F 96%)	MoEHE annual report					
Lebanon	Percentage of Palestinian children of primary-school age (6-14 years) who are out of school Baseline: M 12.6%- F-8.3% - F(2016) Target: M 12% -F 8%	United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), School Management Information System	1. The education sector has sustained capacity to deliver equitable, quality opportunities for learning and development to Palestinian refugees, from early childhood to adolescence, in safe and inclusive environments. 2. Palestinian youth, including young people with disabilities, have increased access to skills for learning, personal empowerment and employability programmes.	UNRWA, international NGOs (INGOs) NGOs, Lebanon County Planning Department	1 750		1 750
	Percentage of Palestinian youth and adults, male and female, who acquire relevant skills, including technical vocational skills and life skills, healthy lifestyles and employability Baseline: TBC[3] Target: 20% increase (F 50%)	KAP survey 2020					

[3] Based on youth Knowledge, Attitudes and Practices (KAP) Survey 2017

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Syrian Arab Republic	Number of Palestinian children and adolescents who have context-relevant knowledge and skills Baseline: 20,000 (2016) Target: 25,000 per year (15,000 UNRWA and 10,000 General Administration for Palestine Arab Refugees (GAPAR) (50% F)	Partner and UNICEF monitoring reports	1. Palestinian children (6-14 years) have access to alternative basic education. 2. Palestinian pre-primary school children (3-5 years) have access to community-based early childhood development services. 3. Adolescents and youth benefit from life-skills programmes. 4. The most vulnerable Palestinian adolescents and youth benefit from increased opportunity to develop and implement social and business entrepreneurship initiatives in their communities.	Ministry of Education, GAPAR, UNRWA, Palestinian NGOs	900	500	1 400
	Number of Palestinian adolescents and youth who access a comprehensive package of youth services and opportunities Baseline: 20,000 (2016) Target: 50,000 (50% F)	Partner and UNICEF monitoring reports					
Jordan	Number of UNRWA schools with inclusive education toolkit fully operationalized Baseline: 0 (2016) Target: 171	Partner progress report	1. Equitable access to and retention in quality kindergarten 2 and formal and non-formal basic education are increased. 2. Young people have better access to services and opportunities focused on civic, social and economic engagement.	UNRWA	1 375		1 375
	Number of young people with improved level of community engagement among those with life-skill training Baseline: 4000 (2016) Target: 15,000 (50% F)	Pre- and post-assessments using KoBoToolbox and Bayanati					
Outcome 2: By 2022, more children, especially the most vulnerable, are better protected from violence, exploitation and grave violations.							
State of Palestine	Percentage of basic and secondary students exposed	MOEHE annual report	1. Strengthened child protection legal, policy and regulatory	Ministry of Social Development	1 763	8 000	9 763

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	to violence in schools Basic (6-15 years): Baseline: 70.4% (2015) (M 79.5%-F 62.7%) Target: 54% (M 61%-F 46%) Secondary (16-17 years): Baseline: 75.4% (2015) (M 80.7%-F 71.2%) Target: 60% (M 61%-F 59%)		frameworks. 2. Government and other service providers within the social and justice sectors have enhanced capacity to deliver quality and gender-sensitive child prevention and response services. 3. More parents, teachers and adolescents have increased knowledge and skills to eliminate harmful practices and better protect children (0-18 years) from violence, exploitation and grave violations.	(MoSD), Ministry of Justice, High Judicial Council, Attorney General's Office, NGOs, UNDAF			
	Continued existence of mechanisms to monitor and report on grave violations against children Baseline: Yes Target: Yes	Minutes of the Working Group on Grave Violations					
	Percentage of children (1-14 years) who experienced violent disciplining at home in the past month Baseline: 92% (2014) (M 92.8-F 91.6) Target: 80% (M 81%-F 79%)	Multiple indicator cluster survey (MICS)					
Lebanon	Reduction in percentage of children (2-14 years) who experience violent disciplinary practices Baseline: M 82.3% - F 81.0% (2016) Target: 10% reduction (M 74%-F 73%)	UNICEF household survey 2020	1. Formal and informal authorities, civil society actors and UNRWA have strengthened commitment, knowledge and capacity to prevent and respond to child maltreatment, including gender-based violence, and other forms of psychosocial distress/developmental difficulties. 2. Palestinian families and	UNRWA, Ministry of Social Affairs, INGOs, NGOs, refugee camp authorities	1 250		1 250

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			communities have improved knowledge and skills to protect children and women from violence and abuse.				
Syrian Arab Republic	Number of Palestinian children who receive specialized child-protection services through gender-responsive case management Baseline: 0 (2016) Target: 1,000 (50% girls)	Partner reports	1. Capacity of child protection and sectoral key actors to provide specialized services to children through case management is increased. 2. Community-based child-protection and psychosocial support interventions for children are increased. 3. Awareness of community members and caregivers regarding the protection of children from violence and abuse is raised.	Ministry of Social Affairs and Labour, Ministry of Education ,GAPAR, UNRWA	300	125	425
Jordan	Number of girls, boys and women at risk of or exposed to violence receiving case management and referrals Baseline: 1,150 (2016) Target: 2,000 (700 girls, 700 boys, 600 women)	UNRWA and partner records	Children and women at risk of violence and exploitation have access to an integrated package of quality child-protection and gender-based violence prevention and response services.	UNRWA, national civil society organizations, community-based organizations	875		875
Outcome 3: By 2022, more vulnerable children and mothers have access to quality comprehensive health and nutritional systems and are better able to survive and reach their optimal development.							
State of Palestine	Percentage of targeted mothers in Gaza (15-17 years and older) receiving postnatal care within 2 days 15-17 years: Baseline: 41% (2017)	Ministry of Health (MoH)	1. MoH and other institutions have increased capacity to develop and implement evidence-based health, nutrition and early child development policies.	MoH, UNWRA, National Integrated Early Childhood Development Committee, Health Sector Working	1 763	8 000	9 763

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Target: 65% >17 years: Baseline: 41% (2017) Target: 65%		2. Health professionals and other relevant service providers have increased capacity to deliver quality comprehensive and systems-based health, nutrition and early childhood development services. 3. Families and communities are more aware of the needs of young children and mothers on health, nutrition, WASH and development, and are more engaged in demanding early childhood development and intervention services for children with disabilities	Group, Health Cluster, National Breastfeeding Committee, Palestinian Water Authority, Coastal Municipalities Water Utility, MoEHE, WASH Cluster partners			
	Percentage of maternity facilities following updated protocols on neonatal care, including early identification of developmental difficulties in children and the principles of the baby-friendly hospital initiative Baseline: 10% (2017) Target: 30%	MoH					
	Percentage of districts/administrative units with health-care facilities providing standard early intervention services to children (under 3 years) with special needs Baseline: 0 % Target: 15 %	MoH					
Lebanon	Percentage of children (12-23 months) who received pentavalent I vaccine Baseline: 93.8% (2016) Target: 95%	UNRWA annual health report	Pregnant and lactating women, including adolescent mothers and children under 18 years, access enhanced maternal, neonatal and child-health services, including routine immunization, the promotion of health- and care-seeking behaviours and early identification of developmental delays/disorders/disabilities.	UNRWA, Palestinian Red Crescent Society, INGOs, NGOs	1 250		1 250
Syrian Arab Republic	Children (0-59 months) with diarrhoea in the previous 2	Situation assessment of	1. Pregnant women have access to proper maternal health and	Ministry of Health, UNRWA, GAPAR	750	450	1 200

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	weeks who received oral rehydration therapy Baseline: 43% (2016) Target: 65%	Palestinian refugees in the Syrian Arab Republic	nutrition care. 2. Parents and caregivers are aware of the proper treatment of diarrhoeal diseases and acute respiratory infection and the danger signs of an ill child. 3. Mothers are practising proper infant and young child feeding, including exclusive breastfeeding.				
Jordan	Percentage of women attending postnatal care within 6 weeks of delivery Baseline: 87.9% (2015) Target: above 90%	UNRWA Health Department annual report	National institutions have strengthened health and nutrition system to provide quality integrated ECD services.	UNRWA, MoH, MoSD, NGOs, community-based organizations	500		500
Outcome 4: By 2022, more Palestinian children and families, especially the most vulnerable, have access to and use affordable, sustainable and safely managed water and sanitation services, and adopt improved hygiene practices.							
State of Palestine	Percentage of the population having access to an affordable improved water source located on premises, available when needed and free from microbiological[4] and priority chemical contamination Baseline: TBC (new Sustainable Development Goals-World Health Organization/UNICEF Joint Monitoring Programme	JMP annual progress report	1. WASH authorities have strengthened evidence and capacity to ensure policy implementation and coordination. 2. National capacity to deliver sustainable and safely managed water and sanitation services is strengthened.	Palestinian Water Authority, Coastal Municipalities Water Utility, MoEHE, MoH, WASH Cluster partners, United Nations, World Bank, Water Sector Working Group academic institutions, private sector	1 763	18 000	19 763

[4] With reference to the absence of E. coli or thermotolerant coliforms in a 100 mL sample.

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	(JMP) pending) Target: 15% increase						
	Percentage of population having access to a private improved sanitation facility where faecal waste is safely disposed of on-site or transported and treated off-site Baseline: TBC (as above) Target: 10% increase	JMP annual progress report					
Lebanon	Percentage of boys, girls, women and men adopting appropriate hygiene practices Baseline: TBC (KAP Survey 2017) Target: 10% increase	KAP survey	Practices related to the use of safe drinking water, sanitation and environmental resources are improved.	United Nations Development Programme	250		250
Syrian Arab Republic	Number of Palestinian school children benefiting from improved water and sanitation facilities and increased awareness of safe hygiene practices Baseline: 0 (2016) Target: 10,000	Ministry of Education and Higher Education (MoEHE), UNWRA	Schools are provided with improved WASH facilities.	MoEHE, GAPAR, UNWRA, INGOs, NGOs and private sector	250	125	375
Outcome 5: By 2022, more vulnerable children have access to quality, integrated social protection systems and are better able to participate in society and realize their rights.							

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
State of Palestine	Percentage of children living in poverty (income and multidimensional poverty; disaggregation to include household wealth quintiles) Baseline: Income poverty: 27% (2011) Multi-dimensional poverty (2014): 47% (age 0-35 months), 46% (age 36-59 months), 58% (5-14 years), 41% (15-17 years) Target: 10% reduction	Palestinian Expenditure and Consumption Survey, MICS	1. Ministry of Social Development, Palestinian Central Bureau of Statistics (PCBS) and other institutions have increased capacity to design and implement evidence-based social policies and social protection reforms. 2. Key actors and civil society, including children, adolescents and their families, are more aware of the needs of Palestinian children and are more engaged in promoting the full realization of child rights.	MoSD, PCBS, civil society organizations, NGOs	3 524	2 000	5 524
	Number of children covered by social-protection systems Baseline: 372,600 (est. M/F ratio : 50:50) (2016) Target: TBD	MoSD administrative database					
	Partnership/collaboration for policy advocacy for children is established with civil society, NGOs/civil society organizations, private sector or Parliament committees Baseline: Not in place Target: In place	UNICEF reports					
Syrian Arab Republic	Number of Palestinian children with disabilities with access to health, education, child-protection and social-protection services through case management Baseline: 0 (2016) Target: 3,000 (50% girls)	Partner reports	1. Capacity of service providers is increased, ensuring services to children with disabilities. 2. Children are protected from weather hazards with essential winter kits and blankets.	GAPAR, UNRWA	300	125	425

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Outcome 6: The area programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for Palestinian children and women.							
	Percentage of management and programme priority indicators meeting scorecard benchmarks Target: 100%	Insight	1. UNICEF staff and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes. 2. UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child rights issues. 3. Strategies to address cross-cutting issues related to child rights are developed and applied.	State of Palestine	7 299	6 000	13 299
	Percentage of funds received as other resources against 2018-2022 planned amount Target: 100%	Insight		Lebanon	250		250
				Syrian Arab Republic	250	175	425
				Jordan	500		500
Total resources					**28 876**	**51 500**	**80 376**

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Country programme document

Sudan

Summary

The country programme document (CPD) for Sudan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $47,125,000 from regular resources, subject to the availability of funds, and $193,925,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2021.

In *accordance* with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. The country programme has been developed during a transformational period for the Republic of the Sudan, as the country transitions through significant geopolitical and socioeconomic changes. The January 2017 decision by the Government of the United States to ease sanctions imposed in 1997 is considered a positive step towards improving humanitarian access and helping to create a solid platform for positive dialogue and sustainable development for the country. Furthermore, the National Dialogue recently concluded with recommendations to establish a fair and legal political system, based on new constitutional, political and community foundations, to be agreed upon by the Sudanese people. These developments, combined with the current ceasefire efforts in Darfur and other conflict-prone regions, could bring the positive change needed for the further expansion of development work as well as foreign direct investment and economic growth and help to sustain peace in Sudan, moving the country from a humanitarian to development context. This evolving context presents opportunities for Sudan to advance towards the Sustainable Development Goals.

2. With the national strategic development plan (2017-2020) and the poverty-reduction strategy paper under preparation and expected to be finalized at the end of 2017, the long-term vision set out in the 25 Year National Strategy (2007-2031) continues to be the national framework outlining national priorities to promote the equitable distribution of resources and effective partnerships for sustainable development.

3. Sudan faces humanitarian difficulties triggered by armed and intertribal conflicts, as well as climatic conditions and development challenges. Children are affected by floods, droughts, epidemics and critical levels of food insecurity and malnutrition. Six years after the secession of South Sudan in 2011, the situation in Abyei remains unresolved, and there is ongoing conflict in Blue Nile, South Kordofan, and parts of Darfur. In 2016, about 97,000 people were displaced from the Jabal Marra area of Darfur.[1] The 1.1 million internally displaced children[2] in Sudan continue to lack opportunities to thrive and reach their full potential. In addition to the displaced, the ongoing conflict in South Sudan and the famine declared in February 2017 in neighbouring countries have led to an estimated influx of 379,692 refugees to Sudan[3], 85 per cent of whom are women and children. The country also continues to be a host, origin and transit country for refugees and migrants, including unaccompanied and separated children.

4. In the last decade, Sudan has attained lower-middle-income status, in spite of the negative economic impact of nearly two decades of economic sanctions and the loss of oil revenue following the secession of South Sudan. This status, however, masks the disparities in child-specific social indicators between states. Sudan ranked 165 out of 188 countries and territories in the 2016 human development index. Some 46.5 per cent of the population lives in poverty,[4] with the rural areas most affected.

5. Climate change is a threat to Sudan, where desert and semi-desert areas occupy over 60 per cent of the country. The country has the highest rate of deforestation (2.4 per cent) among developing countries,[5] while ground-water depletion is a major concern. Rainfall, most recently due to El Niño, is becoming increasingly erratic and has severely affected

[1] Humanitarian Needs Assessment- HNO Sudan, 2017.
[2] Ibid.
[3] Office of the High Commissioner for Human Rights bulletin, 31 March 2017.
[4] National Baseline Household Survey, 2009.
[5] Sudan National Forests Corporation, Forests National Corporation Report, 2013.

some regions. It is predicted that dry spells will increase in frequency and length, triggering climate hazards and increasing food insecurity, competition over resources and internal migration. Children will bear the biggest brunt of climate change, which could reverse the gains made in child survival and development, especially for the poorest and most vulnerable.

6. Nearly 51 per cent of the country's population of 39.5 million[6] are below the age of 18 years. Spurred by high population growth, of 2.4 per cent,[7] Sudan is experiencing a demographic shift towards a youth-based population and a concomitant rapid urbanization, with over a third of the population now living in urban areas. Rural-urban migration is being driven in part by conflict, drought and desertification, as well as the search for better economic opportunities and access to basic services. It is important that the youth bulge be adequately reflected in government policies and programming in order to harness the potential for inclusive economic growth.

7. Despite the progress of Sudan in child survival and health outcomes, the agenda for ensuring the well-being of young children and their mothers remains unfulfilled. The significant reduction in under-five mortality, from 128 (1990) to 70 (2014) per 1,000 live births,[8] contrasts with the inferior progress in neonatal mortality, which fell only from 40 (1990) to 30 (2014) per 1,000 live births.[9] This trend is related to the high maternal mortality rate, at 216 per 100,000 live births (2010)[10] with most deaths due to delivery by unskilled birth attendants at home and the lack of comprehensive emergency obstetric care. The estimated HIV prevalence rate is 0.3 per cent among adults aged 15 to 49 years, with an estimated 5,600 new infections annually.[11] The limited availability of services is a concern: only 4 per cent of pregnant women living with HIV receive antiretroviral medicines to prevent mother-to-child transmission.[12]

8. While some progress has been realized in the past four years, the rates of malnutrition have not improved for the past 30 years: global acute malnutrition has remained largely unchanged at 15.8 (1987)[13] and 16.3 (2014)[14] per cent. Stunting continues to show an upward trend from 32 per cent in 1987[15] to 38 per cent in 2014,[16] while the levels of acute malnutrition remain above the World Health Organization (WHO) emergency threshold in 11 out of the 18 states. Some key drivers for malnutrition are poor water and sanitation conditions, high disease prevalence and negative social norms and feeding practices. On average, only 15.1 per cent of children aged 6 to 23 months receive a minimum acceptable diet, with stark disparities ranging from 0.3 per cent in Kassala to 49.8 per cent in Northern State.[17] High child malnutrition is a key development challenge for Sudan: malnourished children are at risk of lifelong physical and cognitive impairment, resulting in poor educational outcomes, and girls run the risk of giving birth to low-birth-weight children, thereby perpetuating a vicious intergenerational cycle.

[6] Projection by Sudan Central Bureau of Statistics 2009-2018.
[7] Ibid.
[8] State of the World's Children 2016.
[9] Ibid.
[10] Sudan Household Health Survey, 2010.
[11] Joint United Nations Programme of HIV/AIDS (UNAIDS) 2016 report.
[12] UNAIDS, Prevention Gap, 2016.
[13] Sudan Emergency and Recovery Information and Surveillance System (SERISS) survey, 1987.
[14] Sudan multiple indicator cluster survey (MICS), 2014.
[15] SERISS survey, 1987.
[16] Sudan MICS, 2014.
[17] Ibid.

9. Nearly one-third of households practise open defecation. Access to sanitation, at 32.9 per cent in 2014 (multiple indicator cluster survey (MICS) 2014), has improved little over the last decade. Some 68 per cent of households have access to an improved drinking-water source, with significant geographic disparities: only one-third of households in Red Sea, White Nile and Gedarif states have access to improved water sources. Around two-thirds of existing schools do not have improved sanitation facilities and a quarter of them do not have improved drinking water facilities,[18] which negatively impacts children's attendance and enrolment, particularly for girls. The high prevalence of poor hygiene practices, including open defecation, inadequate treatment and storage of drinking water, and suboptimal hygiene practices, contribute to the high incidence of diarrhoeal diseases and malnutrition among children.

10. Around 3.1 million children aged 5 to 13 years are out of school, of whom 52 per cent are girls. These children are living mainly in conflict-affected or rural areas, as well as among nomadic populations or in poor families. This is in spite of the positive gains made in the education sector: The net attendance rate increased from 68.4 per cent in 2006 to 76.4 per cent in 2014,[19] while the Gender Parity Index in primary school improved from 0.94 in 2010 to 0.98 in 2014.[20] There is a gap of more than 10 percentage points in primary-school completion rates between boys (84.8 per cent) and girls (74.3 per cent).[21] Attendance in early childhood education programmes among children aged 36 to 59 months is 22 per cent, with a wide disparity between urban (45 per cent) and rural (14 per cent) populations. Key barriers to education continue to be out-of-pocket expenses, long distances to schools, a lack of qualified teachers, limited community participation in school management, insufficient government allocation and social norms.

11. According to the MICS 2014, 64 per cent of children aged 1 to 14 years experienced various forms of violent discipline. Female Genital Mutilation/Cutting (FGM/C) prevalence in Sudan is 87 per cent among women aged 15 to 49 years old and 31 per cent among girls aged 0-14 years (MICS 2014) and the FGM/C secondary analysis (Central Bureau of Statistics and the National Council on Child Welfare). The Government of Sudan recently took steps towards including FGM/C as an article in the Criminal Act to support its ongoing campaign – the Saleema Initiative - to promote the social status of the uncut girl. Marriage before the age of 18 years occurred among 38 per cent of women aged 20 to 49, while 12 per cent were married before the age of 15years.[22] Action plans on the protection of children in armed conflict were signed in 2016, one with the Government and one with the Sudan People's Liberation Movement-North.

12. The country's pro-poor spending increased from 4.6 per cent of the gross domestic product (GDP) in 2012 to 5.4 per cent in 2014[23] and from 32 per cent of the public expenditure to over 45 per cent during the same period. In spite of this increase, the quality of such spending has been poor, with the budget allocated predominantly on recurrent costs. For example, although government expenditure on basic education has been increasing nominally, 94 per cent has been for recurrent costs. Sudan spends just 1.3 per cent of GDP

[18] National School Health Strategy 2017-2020, final draft.
[19] Sudan MICS 2014.
[20] Ibid.
[21] Ibid.
[22] Sudan MICS, 2014.
[23] World Bank: "Sudan, State-level public expenditure review, meeting the challenges of poverty reduction and basic service delivery", Poverty Reduction and Economic Management Unit Africa Region, the World Bank, Report No. ACS880, 3 May 2014.

on education (2016)[24] and 1.8 per cent on health (2014). Since 2016, the Government has invested $10.8 million to support the scaling-up of treatment of acute malnutrition. The launch of the Sudan Nutrition Investment Case and the National Reproductive, Neonatal, Maternal and Child Health Strategy in 2016 offer important opportunities for strengthening national investment in the social sectors.

13. The country programme draws on key lessons learned from the current cycle (2013-2017), including those informed by the midterm and gender reviews, the evaluations of the field-office function and UNICEF humanitarian action in North Darfur and nationwide household surveys and studies.

14. In line with these lessons, UNICEF will strengthen its decentralized programme-delivery capacity and focus. Geographical targeting will be guided by a set of multidimensional child-deprivation indicators and subnational risk assessments and mappings. UNICEF will continue to strengthen the linkages between humanitarian, resilience and development programming, building upon its comparative advantage of being one of the few agencies that engages in programming across all these spheres. Durable solutions to protracted displacement and strengthened linkages between the United National Development Assistance Framework (UNDAF) and the newly developed multi-year humanitarian strategy will be promoted.

Programme priorities and partnerships

15. The overall goal of the country programme 2018-2021 is to contribute to national efforts to enable all children and adolescents in Sudan, especially those in the most vulnerable situations, to have their rights progressively fulfilled and to develop to their full potential in an inclusive and protective environment.

16. The country programme has five components: (a) child survival and development; (b) education and learning; (c) child protection; (d) policy, evidence and social protection; and (e) programme effectiveness.

17. In line with the draft UNICEF Strategic Plan 2018-2021 and the policies and strategies of the Government of Sudan, the country programme of cooperation is aimed at achieving equitable outcomes for the poorest, most-in-need and hardest-to-reach children. In line with the Sustainable Development Goals, this will be achieved through addressing humanitarian needs while building the resilience of families and communities against future shocks and linking with sustainable development interventions. UNICEF will respond to emerging humanitarian situations in accordance to the Core Commitments for Children in Humanitarian Action.

18. Strategic emphasis will be given to strengthening policies and plans at the national and subnational levels that enhance social inclusion, gender equality, build organizational capacities to deliver equity-based and resilient social services and promote positive and healthy behaviours and attitudes of individuals and communities, including children. A conflict-sensitive programming approach will be used, considering both the large number of localities hosting displaced or refugee populations and host communities and the occurrence of inter-tribal conflict. Risk-informed programming will also be a key cross-cutting approach to maximize the UNICEF contribution to effective preparedness and response to hazards and natural disasters.

[24] Education finance study, 2017.

19. The programme was developed in close collaboration with the Government to ensure alignment with the priorities defined in the National Strategic Development Plan 2017-2020. It will contribute to all five outcomes of the UNDAF 2018-2021, particularly the social services outcome, as well as the Multi-Year Humanitarian Strategy 2017-2019 and the Integrated Strategic Framework for the Darfur.

20. Emergency preparedness and response, disaster risk reduction and climate-change adaptation will be mainstreamed into the programme outputs.

Child survival and development

21. This component comprises one outcome for nutrition and health and one for water, sanitation and hygiene (WASH), aiming to promote reinforcing services and interventions to reduce child mortality and morbidity, particularly child malnutrition.

22. The health and nutrition outcome will contribute to the increased use of high-impact quality nutrition and health services in partnership with the Ministry of Health and in collaboration with United Nations agencies, particularly the World Health Organization (WHO), United Nations Population Fund (UNFPA) and World Food Programme (WFP).

23. UNICEF will increasingly focus its support on states and localities with higher levels of inequities in child mortality and stunting, through strengthening the planning, integration and delivery of quality health, nutrition and WASH services, including the provision of essential commodities and service delivery. A specific emphasis will be on reducing neonatal mortality and stunting and the strengthening of capacities to expand immunization. UNICEF will also support the development and delivery of nutrition and health services for adolescents, including through intersectoral approaches.

24. The quality of community-based management of acute malnutrition (CMAM) service delivery will be improved through the provision of WASH services, and the referral of caregivers to counselling on infant and young child feeding, hygiene and early child stimulation practices and birth registration. UNICEF will also support the integration of CMAM into the health system.

25. UNICEF will strengthen the promotion of key family care practices and behaviours, and increase access to and the use of services. Social-protection mechanisms linked to improving access to nutritious foods and uptake of key services will be explored.

26. The WASH outcome will contribute to increasing the access of children and their families to equitable and sustainable basic services for all, with a priority on sanitation and the elimination of open defecation. UNICEF will also focus on ensuring WASH availability in schools and nutrition and health institutions.

27. UNICEF will work in close collaboration with the Ministry of Water Resources, Irrigation and Electricity for water supply interventions; Ministry of Health for sanitation and hygiene interventions in communities/health institutions, Ministry of Education for WASH in schools and Ministry of Environment for Climate Change related issues.

28. Programming strategies will focus on scaling up access to basic sanitation facilities and eradicating open defecation and increasing water safety and hygiene promotion. Scaling up sanitation will be accomplished through the promotion of knowledge and practices, while ensuring the availability of facilities. The institutional capacity development of government systems will be supported to enhance water safety. Research-informed social and behavioural communication approaches targeting children and their

families, will form the basis for action to improve hygiene practices, with a particular focus on handwashing with soap at critical times.

29. UNICEF will also continue supporting the provision of lifesaving WASH services for children and their families affected by emergencies. In doing so, UNICEF will pursue the humanitarian-development continuum through resilience- strengthening approaches.

Education and learning

30. The education and learning component will contribute to improving equitable access to quality basic education with improved learning outcomes for children, in collaboration with the Federal and state ministries of Education and all relevant directorates, the Global Partnership for Education, the local Education Partner Group and United Nations agencies, particularly UNESCO. UNICEF will support the capacity development of the education sector at the subnational and national levels to legislate, plan, coordinate and budget for equitable and inclusive education opportunities in UNICEF-targeted states and localities.

31. The component will focus on getting children into school and keeping them there, particularly girls, children living with disabilities and conflict-affected, nomadic and the poorest children in the UNICEF targeted states and localities. An intersectoral approach will be promoted for implementing the national policy for early childhood development to ensure the delivery of an integrated package of services for enhancing early stimulation, school readiness and better learning outcomes for children.

32. Access to education will be scaled-up to reach out-of-school, nomadic and displaced children, including those in humanitarian situations. Strengthened partnership with NGOs will be key to improving access for hard-to-reach children. Accelerated learning modalities and non-formal education will be supported to provide learning opportunities to children and adolescents who have missed out on education opportunities. The e-learning innovation piloted during the previous country programme will be scaled up to reach children in remote areas without schools or who are living in difficult circumstances. For adolescents, formal and non-formal technical and vocational training will also be supported.

33. The quality of education delivery will be improved through the strengthening of teachers' capacity and the curriculum, the piloting of early-grade reading, the scaling-up of school improvement planning and monitoring and the expansion of WASH in schools. Life-skills and citizenship education will be supported to ensure a transformative and integrated vision for quality education.

Child protection

34. This component will prioritize the ongoing child-protection system reform through the development of the capacities of the social-welfare and justice systems and the strengthening of community mechanisms to ensure the access of every child to integrated child-protection services. UNICEF will increase its focus on building institutional capacity at the subnational level, in particular the states and localities identified with the most-in-need populations, through training, development of referral mechanisms, and support for the recruitment of additional social workers. UNICEF will focus advocacy and capacity-building around legal reform and the enforcement of existing legislation and plans, child-friendly budgeting and effective coordination to create multisector planning mechanisms and strengthen the Child Protection Management Information System.

35. UNICEF will strengthen the prevention of and responses to violence and abuse, exploitation and neglect of children, including promoting intersectoral approaches, particularly with health and education. The programme will focus on prevention and response to the separation of children from their families and deinstitutionalization, including for children on the move (migrant, refugee and displaced children); improving access to justice and diversion; and promoting positive changes regarding social norms related to harmful practices, including FGM/C and child marriage.

36. To ensure the multisectoral nature of the child protection responses, UNICEF will continue working to strengthen coordination of child protection synergizing with bilateral donors, United Nations agencies, national and international organizations and civil society, in collaboration with the National Council for Child Welfare and its state-level councils and in partnership with the Ministries of Social Security and Welfare, Justice, Interior, Defence, Education, Health, and the Disarmament and Demobilization and Reintegration Commission, along with United Nations agencies and non-governmental partners to jointly achieve the results.

Policy, evidence and social protection

37. This component will be focused on supporting the development and implementation of policies and strategies that address the structural causes of child multidimensional poverty and inequities. UNICEF will support the strengthening of government capacity at the national and subnational levels to develop sound evidence-based, gender-sensitive and equity-focused policies and plans, including local decentralization strategies, and the strengthening of data collection to inform policy development and programming.

38. In coordination with the Central Bureau of Statistics, UNICEF will continue to monitor the situation of children, adolescents and women through MICS.

39. UNICEF will collaborate with global, regional and national partners, including academia to undertake advocacy to increase investments in children and to guide national reforms and frameworks to mobilize action, stimulate dialogue, promote adolescent participation and build accountability around policies affecting children and their families.

40. In partnership with other United Nations agencies and the World Bank, UNICEF will promote a more comprehensive and child-centred social protection system aimed at reducing child poverty and enhance family's resilience, including targeted cash transfer mechanisms.

Programme effectiveness

41. This component will ensure that the programme is effectively managed, coordinated, monitored and evaluated, centrally and in field offices, for the efficient delivery of results. It will serve to develop synergies and foster intersectoral programme implementation.

42. Communication for social and behavioural change will be coordinated across all programmes to increase knowledge and skills that improve child health, nutrition, sanitation and hygiene and early learning, and reduce violence against children. The use of communication technology and innovative approaches for accelerating access to the skills development of service providers and supervision and monitoring, including for rural and remote communities, will be expanded. External communication will raise awareness of the situation of children throughout the media and civil society.

43. The component will provide cross-sectoral support for the mainstreaming of gender-responsive programming and accountability to affected populations, and ensure coherence and coordination in emergency preparedness and response and resilience-strengthening actions across sectors. Operational support and field presence will be critical components to deliver effective results for children.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*[25]	*Total*
Child survival and development	17 908	89 205	107 113
Education and learning	3 770	38 785	42 555
Child protection	4 241	25 210	29 451
Policy, evidence and social protection	2 356	9 695	12 051
Programme effectiveness	18 850	31 030	49 880
Total	**47 125**	**193 925**	**241 050**

Programme and risk management

44. The country programme of cooperation will be coordinated by the Ministry of International Cooperation, as mandated by the Government of Sudan. The Sudan UNDAF 2018-2021, to which the country programme contributes, will be governed through interagency and governmental structures, with oversight by the Programme Management Team, reporting to the Government-United Nations UNDAF Steering Committee and the United Nations country team. The humanitarian component of the programme will be coordinated with the Humanitarian Aid Commission through the Humanitarian Strategy 2017-2019.

45. Sudan continues to represent a complex programme environment in which economic conditions, as well as conflicts and hazards, contribute to determining how successfully and equitably an integrated humanitarian, resilience and development agenda can be advanced. Children in Sudan face challenges that threaten their survival, development and protection, and therefore divesting from key sectors or states is not an option. The ability to implement the programme relies upon key assumptions, including the implementation of the government directives and procedures on humanitarian access, amended in December 2016, which will affect programme delivery by UNICEF and partners. UNICEF will remain committed to exploring and expanding strategic partnerships for programme implementation, while reinforcing national systems and institutional capacities. The varying institutional capacity of national actors will require UNICEF to continue to support social-service delivery.

46. The results of the country programme are based on the assumption that sufficient resources will be available for implementation. The declining aid to Sudan due to changes

[25] "Other resources" refers exclusively to non-emergency funds. Other resources-emergency funds are expected during the course of the country programme.

in donor policies and priorities is a major risk. Diversification of the current donor relationships, with a focus on evidence-based advocacy and emphasis on value for money, as well as leveraging the know-how, societal links and resources of private-sector and other partners through strengthened partnerships, will safeguard against decreasing resources.

47. In addition to the development of emergency preparedness plans at the national, sectoral and state levels, UNICEF Sudan will continue to invest in conflict analysis and the strengthening of risk-informed programming to mitigate risks related to tribal conflicts and disasters.

48. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

49. The four-year integrated monitoring and evaluation plan, complemented by a costed evaluation plan (CEP), will define all priority monitoring, research and evaluation activities for the country programme. Field-level monitoring will focus on quality assurance and gathering feedback from stakeholders, including people in vulnerable situations, in order to adapt and improve programming. Six evaluations are outlined in the CEP. UNICEF will increase its capacity to undertake results and implementation monitoring, particularly in the field.

50. In cooperation with line ministries, other United Nations agencies and civil society, UNICEF will monitor the status of key bottlenecks and barriers in order to support an enabling environment, access to and demand for quality social services through the strengthening of existing national and subnational data collection, monitoring and information management systems. UNICEF will continue to support the Central Bureau of Statistics in conducting household surveys and the line ministries in the strengthening of administrative data-collection systems and sector-management information systems.

51. Programme performance monitoring will be undertaken through regular field monitoring and quarterly partner reporting as well as third party monitoring in hard-to-reach areas. Progress towards country programme results will be monitored through research, surveys and evaluations. Accountability for the affected populations will be strengthened through regular consultations and the use of innovative technological platforms to ensure that their voices and feedback are captured.

52. Midyear, annual, midterm and gender programme review with partners will be used to measure progress made and inform strategic programme decisions. In cooperation with the Ministry of International cooperation, UNICEF will continue to support the strengthening of the capacity of the Government in results based management to improve the delivering of results for children.

Annex

Results and resources framework

Sudan – UNICEF country programme of cooperation, 2018-2021

Convention on the Rights of the Child: Articles 2, 4, 6,7, 9, 10, 12, 13, 19, 20, 22, 24, 26, 28 and 29 **Sustainable Development Goals:** 1-6, 10 and 16 **National priorities:** Twenty-Five Year National Strategy 2007-2030: capacity-building and community development; social services Draft National Five Year Strategic Plan 2017-2021(in development) Reproductive, Maternal, Neonatal and Child Health Strategic Plan 2016-2020
UNDAF outcomes involving UNICEF: 1. Economic development and poverty reduction; 2. Environmental, climate resilience and disaster risk management; 3. Social services; 4. Governance, rule of law and institutional capacity development; 5.Community stabilization **Outcome indicators measuring change that includes UNICEF contribution:** 3.1 Under-five mortality rate 3.2 Prevalence of stunting among children under 5 years of age 3.3 Maternal mortality ratio 3.7 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age group 3.8 Gross enrolment rate 3.9 Proportion of the population using basic drinking-water service 3.10 Proportion of the population having access to basic sanitation 3.11 Percentage of the population affected by shocks who receive adequate minimum emergency assistance 3.12 Percentage of the population reporting adequate benefits from services received
Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
By 2021, more children under the age of 5 years and women of reproductive age utilize high-impact, quality health and nutrition services.	Children < 1 year receiving measles-containing vaccine B: 60% (2014) T: 80% (first dose)	Multiple indicator cluster survey (MICS), coverage survey	1. Government at national and subnational levels have strengthened capacities and develop evidence-based and equity/multisector-focused policies, plans and budgets to improve health and nutrition services. 2. Health systems and communities in targeted localities have strengthened capacities and deliver integrated high-impact health and nutrition services. 3. More severely malnourished children receive quality treatment with integrated water, sanitation and hygiene (WASH), infant and young child feeding services. 4. Mothers and other caregivers in targeted localities have improved skills and knowledge on key family practices.	Ministry of Health, (MoH), World Health Organization (WHO), World Food Programme (WFP), United Nations Population Fund (UNFPA), Global Fund, Gavi, the Vaccine Alliance	12 535	62 444	74 979
	Live births attended by skilled health personnel B: 77.5 % (2014) T: 90%	MICS, Health Management Information System (HMIS)					
	Number of children (6-59 months) affected by severe acute malnutrition admitted into treatment B: 224,118 (2016) T: 250,000 (annual)	Community-based management of acute malnutrition database					
	Percentage of children (0-5 months) who are exclusively breastfed B: 55.4% (national) (2014) T: 70%	Simple spatial sampling method survey, MICS					
By 2021, more children and their families are living in an open-defecation-free environment, using improved drinking-water sources and adopting improved hygiene practices.	Proportion of population having access to a basic sanitation B: 33% (2014) T: 41%	MICS, Sudan national household surveys	1. More children and their families in targeted vulnerable communities access basic sanitation facilities and adopt adequate hygiene practices. 2. More children and their families in targeted vulnerable communities have equitable and sustainable access to improved drinking water facilities. 3. WASH sector institutional	MoH, Ministry of Water Resources, Irrigation and Electricity Ministry of Education (MoE), United Nations Office for Project Services, WHO, African Development Bank	5 373	26 761	32 134
	Proportion of population using basic drinking water service B: 68% (2014) T: 76%	MICS and Sudan national household surveys					

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of UNICEF targeted population in humanitarian situations accessing appropriate sanitation facilities and living in environments free of open defecation T: 100%	Monthly monitoring system	capacity and systems are strengthened for scaled-up equitable and sustainable access to basic improved WASH services.				
By 2021, more children have access to early stimulation and quality basic education and learning in inclusive and safe school environments.	Gross enrolment ratio B (2015): 1 year pre-primary (age 5) – 47.5% (Girls: 46.4%, Boys: 48.6%) Primary (6-14 years) – 70.2% (Girls: 68%, Boys: 72.3%) Secondary – 40.9% (Girls: 42.6%, Boys: 39.3%) T: TBD*	Educational Management Information System, Education Sector Strategic Plan (ESSP)	1. More out-of-school children, especially girls, those in the most vulnerable situations, access quality pre-primary, primary and alternative learning opportunities. 2. Education providers, parents and communities have improved knowledge and skills to contribute to quality learning in inclusive safe and protective school environments. 3. Capacity of education sector at subnational and national levels is strengthened to legislate, plan, coordinate and budget the provision of equitable and inclusive education opportunities.	Federal and state Ministries of Education, United Nations Educational, Scientific and Cultural Organization ,World Bank	3 770	38 785	42 555
	Percentage of students able to read with comprehension on the grade-3 learning assessment B (2015): 60% T: TBD*	National learning assessment report					
	Primary education completion rate B (2015): 79.3% (Boys: 84.8%; Girls: 74.3%) T: TBD*	MICS					
	Number of out-of-school	Monthly monitoring					

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	children accessing formal or non-formal education with direct support from UNICEF B (2016): 276,091 (48.1% girls) T (2021): 1,000,000 (50 per cent girls)	system					
By 2021, more girls and boys are protected from violence, abuse and exploitation and benefit from improved response and prevention systems.	Number of children who have experienced grave violations B: 916 (2016) T: 458 (2021) - 50% decrease	Report of the Secretary-General on children and armed conflict	1. Strengthened and more effective child protection legislation, policies and budget are integrated across sectors. 2. Service providers at the state and local levels in UNICEF-targeted areas have strengthened capacities and deliver quality specialized child-protection services with appropriate referral mechanisms in place. 3. More communities have strengthened mechanisms to protect children from violence, abuse, and exploitation including FGM/C and child marriage.	National and states Council of child welfare, Disarmament, Demobilization and Reintegration Commission line ministries, WHO, UNFPA, African Union-United Nations Hybrid Operation in Darfur, UNDP, Office of the United Nations High Commissioner for Refugees	4 241	25 210	29 451
	Children in detention per 100,000 child population B (2016): 238 T (2021): 150	Child Protection Management Information System (CPMIS), Ministry of Justice database					
	Percentage of girls (0-14 years) undergoing female genital mutilation/cutting (FGM/C) B: 31.5% (2014) T: 25.5%	MICS					
	Percentage of UNICEF-targeted children in humanitarian situations receiving psychosocial support T: 100%	Child protection management Information System, family and child protection unit database, Ministry of Social Welfare database					
By 2021, disadvantaged and excluded children are benefiting from an	Number of children covered by social-protection systems	Implementing partners' reports, cash transfer	1. National and subnational government partners have strengthened capacities for	Central Bureau of Statistics, Federal Governance	2 356	9 695	12 051

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
improved policy environment and strengthened social-protection system.	B: 500,000 (2016) T: 1,000,000	database, programme reviews	evidence-informed child-centred policy formulation, planning and budgeting. 2. National and subnational government partners have strengthened institutional capacities to develop and deliver child-sensitive social protection, particularly to children and families in the most-vulnerable situations.	Chamber, line ministries, Ministry of Finance, Zakat Fund, UNDP, World Bank			
	Existence of two new Government-approved national surveys with reliable and disaggregated data on the situation of children B: No T: Yes	MICS, survey reports					
	Public expenditure for children by sector: B: Education: 11.3% (2016) Health: 10% government contribution (2015) Sanitation: 0.01% of gross domestic product (GDP) (2014) Social welfare: 0.5% of GDP (2012) T: Education: 5% increase Health: 15% (Abuja target) Sanitation: >0.05% of GDP Social welfare: >0.5 %	Ministry of Finance and Economy, line ministry budget reports, social budget analysis reports					
The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards within the priorities for affected populations in achieving results for children.	Percentage of management and programme priority indicators meeting scorecard benchmarks T: 100%	Insight	1. UNICEF staff and partners are provided with guidance, tools and resources to effectively design, plan and manage programmes. 2. UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy on child	Ministry of International Cooperation	18 850	31 030	49 880
	Percentage of funds received as other resources against 2018-2021 country	Insight					

Outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	programme planned amount T: 100%		rights issues. 3. Strategies to address cross-cutting issues related to child rights are developed and applied.				
Total resources					**47 125**	**193 925**	**241 050**

* Targets are being developed in the Education Sector Strategic Plan 2018-2022

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Item 8 (a) of the provisional agenda*

Country programme document

India

Summary

The country programme document (CPD) for India is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $ $301,615,000 from regular resources, subject to the availability of funds, and $350,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. The Government of India and UNICEF country programme 2018-2022 was developed at a critical juncture, as Government finalizes national priorities to respond to key development challenges over the next 15 years and achieve the Sustainable Development Goals. The country programme has the unique opportunity to contribute to the larger development agenda for children, and synchronise with global, national, state and United Nations Sustainable Development Framework (UNSDF) priorities.

2. With 1.2 billion people and the world's fourth-largest economy, the recent growth and development of India has been a globally significant human development achievement. Life expectancy has more than doubled, literacy rates have quadrupled, health conditions have improved, and a sizable middle class has emerged. The number of people living in extreme poverty ($1.90 a day) has declined to 21 per cent, but 58 per cent of people remain poor ($3.10 a day).[1] India ranks 130 out of 188 on the Human Development Index in 2015.[2] However, with a combination of high economic growth and human development progress, India is on the path to reducing inequality.

3. Significant access and quality achievements have been made in education; about 70 million children attend pre-primary, primary enrolment is near-universal, participation in upper-primary has increased and reading and arithmetic scores have improved in publicly funded schools in the early grades in seven states: Chhattisgarh, Gujarat, Maharashtra, Punjab, Haryana, Telangana and Uttarakhand. In addition, reading levels have increased by 7 per cent at the grade-3 level since 2014.[3] Disparities have decreased with regard to the number of out-of-school children. Gender and other social gaps have been addressed through provisioning of schools (toilets for girls/boys and drinking water) and cash-transfer schemes.

4. A strong legislative/policy environment for education exists, and the draft National Education Policy provides for two years of pre-primary education. In 2013, the Government adopted the National Early Childhood Care and Education Policy, signifying the importance of early childhood development (ECD) and its impact on breaking the intergenerational deprivation cycle. Efforts are being made to reduce school dropout. An estimated 6.1 million children aged 6-13 years remain out of school,[4] while another 20 million children do not attend preschool. Between 2010 and 2016, more than 13 million students moved from public to private schools.[5]

5. Health indicators have improved. From 1990-2015, under-5 mortality declined by 66 per cent and the maternal mortality ratio fell by 68 per cent. Progress has been slower for neonatal mortality, with a 29 per cent decline during the period 2008-2015; neonatal mortality contributes to 58 per cent of under-5 deaths. This rate also has been inequitable, with wide variations between and within states; rural, urban and urban poor; and across gender, caste and wealth quintiles.

[1] World Development Indicators 2016, World Bank Group.
[2] Human Development Report 2015, United Nations Development Programme (UNDP).
[3] Status of the Education Survey 2016.
[4] National Sample Survey of Estimation of Out-of-School: Children in the Ages 6-13 in India, Social and Rural Research Institute
[5] District information system for education data.

6. More children are being breastfed and between 2006 and 2016, stunting among children under the age of 5 fell from 48 per cent to 38 per cent. About 21 per cent of children under the age of 5 are wasted,[6] with stunting prevalence higher among Scheduled Castes (43 per cent) and Scheduled Tribes (44 per cent).

7. The Government has introduced policy and legislative measures to improve the nutritional situation of children and women. The Right to Food Act reaffirms the Government's commitment to securing this right for all children through access to and the provision and promotion of essential nutrition and care services.

8. The Government has made the achievement of "Clean India" a high priority supported by increased budget allocations for the elimination of open defecation. Access to improved sanitation has increased sharply, from 17 per cent (1990) to 42 per cent (2013/2014). National-level disparities remain by location, social group and wealth quintile; the poorest households are 40 times more likely to follow the practice than the richest.[7]

9. The flagship Integrated Child Development Scheme (ICDS) covers health-care services and nutrition, immunization and preschool non-formal education for children younger than 6 years. Sustained efforts have resulted in the elimination of polio and maternal/neonatal tetanus.

10. Since 2009, the Government has supported an integrated child protection scheme and has developed a robust legal framework for protection.[8] While regional disparities exist, child marriage has significantly decreased, from 47 per cent (2006) to 27 per cent (2016).[9] To address girls' vulnerability, programmes that address child sex ratio, as well as on girls' empowerment under a life-cycle continuum, are being implemented. The country's first 24/7 free outreach service for children, Childline, is expanding nationwide. Meanwhile, the number of child workers has declined over the last 40 years yet there are 10.1 million child workers aged 5 to 14 years (2011).

11. The 705 Scheduled Tribes constitute 8.6 per cent of the total population and 10.2 per cent of the child population, with 92 per cent of tribal people living in rural areas. More than 2 in 5 tribal households are in the poorest wealth quintile, compared with just over 1 in 10 non-tribal households. Nationally, 45 per cent of rural tribal people remain below the national poverty line, compared with 25 per cent for all groups. Tribal people face challenges related to livelihood opportunities; chronic health issues; identity and governance; lack of human resources, infrastructure and institutions; and the exploitation of natural resources

12. Gender equality has made gains as a result of legislative and policy measures, social-protection schemes for girls and adolescents, and gender-sensitive budgets. India has attained gender parity in primary enrolment and boosted female literacy from 54 per cent (2001) to 66 per cent (2011).[10] Gender-based discrimination and violence continues to be a challenge. India ranks 130 out of 155 countries in the 2015 global gender inequality index. There are higher under-5 mortality rates among girls than boys (13 per cent). Many women

[6] International Institute for Population Sciences, National Family Health Survey (NFHS)-4 2015-16.
[7] World Health Organization (WHO) and UNICEF (2015). *Progress on Drinking Water and Sanitation: 2015 Update and MDG Assessment*. Geneva and New York: WHO.
[8] Including the Juvenile Justice Act; Child Marriage Prohibition Act; Protection of Children from Sexual Offences Act; and Child Labour Prohibition and Regulation.
[9] NFHS-3 and NFHS-4.
[10] Census 2011.

face overlapping social, emotional, physical, economic, cultural and caste-related deprivations.[11]

13. Adolescent girls face vulnerabilities, including poor nutritional status, early marriage and early childbearing, and issues related to reproductive health and empowerment while 56 per cent are anaemic.

14. Vulnerabilities to natural hazards, particularly floods and drought, continue to be a challenge while the national emergency response capacity has increased significantly in recent years.

15. Common barriers that impede equitable results include: (a) capacity and systems at state and local levels to deliver quality services; (b) the need for more robust data for planning and monitoring programmes; (c) the level of implementation of policy provisions and flagship programmes; (d) inequitable and inefficient budget allocations and expenditures; and (e) knowledge gaps, coupled with harmful social norms and practices.

16. Lessons learned from the previous country programme, confirmed by consultations with partners, highlight the importance of convergent multisectoral programming following a life-cycle approach that addresses social and behavioural norms, with a focus on marginalized groups and gender inequalities.

Programme priorities and partnerships

17. Consistent with the UNICEF Strategic Plan, the goal of the country programme is to contribute to national efforts to enable all children, especially the most disadvantaged and excluded, to have their rights progressively fulfilled and to develop their full potential in an inclusive and protective society.

18. To address system-wide bottlenecks that impede children's rights, the country programme will:

(a) Foster cross-sectoral programming that responds to each child as a whole;

(b) Improve the delivery of essential services to the most disadvantaged children, directly and through the strengthening of policies, systems and institutions for capacity development;

(c) Strengthen gender-informed and gender-responsive programming in all areas;

(d) Generate, analyse and promote the use of, with an equity focus, evidence and data on child well-being;

(e) Strengthen policies, effective planning and implementation with government partners;

(f) Promote behaviours that generate demand for and the uptake of services, and foster social norms that contribute to child rights;

(g) Apply differentiated programme engagement at the national and state levels to respond to the diversified context and scale of equity issues in the states, focussed on high-burden states.

[11] *The Lancet* 2006, 367: 211-218.

19. Taking into account the Sustainable Development Goals and the national development agenda, UNICEF will prioritize support to the Government to mainstream the Goals into polices, plans and monitoring at the national and decentralized levels and to strengthen policies and systems to generate and use quality data.

20. Existing partnerships with the public and private sectors and with civil society will be strengthened within the framework of the Child Rights and Business Principles. India's position as a critical global development partner presents opportunities for South-South cooperation.

21. The country programme will be implemented through eight interrelated outcomes, which address gaps in the enabling environment, including social norms and the quality of and demand for services pertaining to the full development of the child in a life-cycle approach that focuses on the windows of opportunity in early childhood and adolescence.

Programme component 1: Reduction of child and maternal mortality

22. The component is aimed at ensuring that pregnant women, newborns, children and adolescents in UNICEF programming states have equitable access to and use quality health services at all levels, with a focus on marginalized groups.

23. It will address the high burden of mortality and morbidity, aligned with the national reproductive, maternal, neonatal and child health plus adolescents strategy. The prioritization of deprivations and interventions to be addressed will vary by the typology of states, geographies, burden and dimensions of inequity.

24. The priority results and strategies are the following:

(a) Engagement and collaboration with the Government on relevant policy advocacy and dialogue on the unfinished agenda of Millennium Development Goals 4 and 5, and on emerging child-health issues such as ECD, universal health coverage and adolescent health;

(b) Catalytic programmatic support, through identifying best practices and promoting them at scale;

(c) Contextualised support for maternal and child health programming;

(d) Advocacy and technical support for increased access to quality essential maternal and child health services, including skilled birth attendance; essential newborn health; immunization; early detection and management of birth defects and developmental delays; and reducing mortality through the prevention and treatment of childhood pneumonia, malaria, diarrhoea and HIV/AIDS;

(e) The promotion of gender and an equity focus on the health of the girl child and marginalized communities;

(f) Convergent multisectoral programming , including nutrition, water, sanitation and hygiene (WASH), education and child protection;

(g) Strengthening partnerships with health professional societies, civil society, bilateral and multilateral organisations, such as Gavi, the Vaccine Alliance and non-governmental organizations (NGOs), under government leadership.

Programme component 2: Reduction of undernutrition of children and adolescent girls

25. The component is aimed at reducing stunting and wasting in children under the age of 2 years, as well as malnutrition in adolescent girls and women before, during and after pregnancy.

26. The focus will be on reducing disparities and prioritizing improvements in nutrition among the poorest wealth quintile and disadvantaged groups (Scheduled Castes and Scheduled Tribes). Priority will be given to improving complementary feeding and addressing severe acute malnutrition (SAM). Improving behaviours and attitudes, community norms and the demand for and use of services will be addressed through programme communication and partnering with local governments and communities.

27. The priority results and strategies are the following:

(a) Assist the Government at the national and state levels to apply a strong equity lens and ensure that disaggregated data are used to accelerate the provision nutrition interventions under ICDS, the National Health Mission and the National Rural Livelihood Mission;

(b) Support National and State Nutrition Missions, to improve both governance and multi-sectoral coordination for maternal, adolescent and child nutrition outcomes, through key nutrition, WASH, poverty alleviation and health responses. Support for convergence between ICDS, the National Health Mission and the Rashtriya Kishor Swasthya Karyakram health programme for adolescents will foster improved coordination for nutrition and deliver nutrition-specific and nutrition-sensitive interventions ;

(c) Strengthen the capacity of frontline functionaries in nutrition and health and the most relevant nutrition-sensitive sectors and their institutions to improve the quality of training curricula and counselling tools and approaches, focused specifically on complementary feeding, adolescent girls' and maternal nutrition and SAM;

(d) Assist state Governments to develop and implement at-scale behaviour-change communication for improving feeding and caring practices, hygiene and parenting skills through frontline workers and community groups;

(e) Strengthen the Management Information System of the Ministry of Women and Child Development by enhancing monitoring, reporting and evaluation;

(f) Facilitate technical exchange at the state and national levels to design and deliver policies, strategies, programmes and guidelines, based on good practices.

Programme component 3: Safe and sustainable water, sanitation and hygiene services

28. The component will support national flagship programmes, including the Clean India Mission to eliminate open defecation; the WASH in Schools initiative, including for preschools; health facilities programmes; and the rural water supply programme.

29. Currently, there is a unique window of opportunity to support unprecedented achievements, notably to decrease the number of open defecators by 450 million, doubling the proportion of the population practising handwashing with soap and increasing the population using safely managed drinking water by 100 million.

30. Priority results and strategies:

(a) Developing the capacity to implement district-wide implementation models that incorporate behaviour change and integrate successful approaches into state and national operational guidelines;

(b) Strengthening the social and behavioural change approaches focused on the use of toilets and handwashing with soap, while enhancing the sustainability of open-defecation-free outcomes;

(c) Fostering public-private partnerships and promoting at-scale innovations, such as affordable financing options to ensure equitable access to facilities; an online district planning and knowledge diffusion tool to strengthen the district-wide approach and cross-learning; and low-cost technologies for affordable WASH facilities and services;

(d) Supporting convergent programming with nutrition to reduce stunting; WASH in Health to ensure child survival and reduce sepsis; WASH in Schools, including menstrual hygiene management, to improve education outcomes, especially for adolescent girls; strengthened community resilience through water-safety planning; and regulation for water-resource management to mitigate the impacts of natural disasters and climate change;

(e) Analysing data and generating and disseminating evidence to strengthen the performance of national programmes.

Programme component 4: All girls and boys learn

31. The component will strengthen government efforts to ensure that all children enjoy a quality education and learn. This will reduce gender and social disparities and equip children with the knowledge and skills for next levels of education and social change. This will be achieved through improved school readiness for children ages 3 to 5 years; support to improve attendance, participation and completion, especially for girls; and support to improve learning in a safe and protective environment.

32. The programme is aligned with the Government's legislative and policy framework for education, including the Right to Education Act 2009, the draft National Education Policy, and the National Early Childhood Care and Education programme 2013, as well as Sustainable Development Goal 4.

33. Emphasis will be on supporting improved education governance; developing the capacity of institutions to scale up the delivery of quality education; engagement with partners and influencers and decision makers to scale up access for adolescent girls; and the participation of communities and parents.

34. Priority results and strategies:

(a) Strengthening systems that produce reliable data and generating evidence on inequities in access, participation and learning and the transition of pupils from elementary to secondary schooling;

(b) Supporting the Government in planning, budgeting, implementation and monitoring by the generation and use of data and evidence to reach "last mile" children through enhanced coordination and multi-stakeholder involvement;

(c) Ensuring the convergence between the Ministries of Women and Child Development and Human Resource Development to enhance early childhood care and education and school readiness, and to ensure that all children complete quality education. Coordination and convergence to address the health issues of adolescent girls will be facilitated by the Ministries of Health and Family Welfare and Human Resource Development.

(d) Increasing the capacities of key state institutions and civil society organizations to deliver quality pre-primary and elementary education through professional teacher development, supportive supervision and monitoring and enhanced assessments.

(e) Adopting behaviour-change strategies to influence sociocultural practices and norms that have precluded children's education, particularly for girls, children with special needs and children from certain social and cultural backgrounds;

(f) Supporting a strategy for inclusive education through the early identification of children with disabilities and special needs and bringing in best practices and expertise.

Programme component 5: Protection of children from violence, abuse and exploitation

35. The component will support the Government in strengthening child- protection systems that reinforce preventive strategies and responsive mechanisms through strengthening budgeting, governance, processes and the execution of national legislation, policies and programmes; supporting the development and specialization of the child protection workforce; enhancing programmes to prevent violence against children and harmful practices; and improving evidence generation and the quality and use of data.

36. The programme, aligned with Sustainable Development Goals 5, 8 and 16, will address core child-protection issues, including child marriage, child labour and violence.

37. Priority results and strategies:

(a) Contribute to the capacity-building of the specialized child-protection workforce at the district level and below, through practice standards, skills development, accreditation and the introduction of performance-management mechanisms;

(b) Support government information systems to generate and use data on child-protection issues and the performance of services;

(c) Strengthen government institutions and service providers to promote standards of care, the prevention of family separation and the modelling of family- and community-based care to address child-protection issues, including for children without family care;

(d) Support the development and implementation of programmes to enhance the skills and participation of adolescents, with further engagement of parents and communities;

(e) Develop a model programme to prevent violence against children, including child safety online, with a focus on strengthening parenting practices and the role of community leaders;

(f) Strengthen public finance mechanisms for the implementation of child-protection legislation and policies, including costing and financing models; financial performance reviews; and improved budget planning and monitoring.

Programme component 6: Inclusive social policy

38. The component will be focused on support for policies and systems that ensure all children, particularly the most disadvantaged and excluded, progressively benefit from effective, inclusive social services and social-protection systems. These should be based on equity-focused evidence that supports implementation and monitoring of the Sustainable Development Goals.

39. The programme will address key bottlenecks by supporting the strengthening of multisectoral plans and public financing for children. Likewise, it will support governance and monitoring systems and social-protection schemes to make them more child-sensitive, with a life-cycle focus on the prenatal period, early childhood and adolescents.

40. Priority results and strategies:

(a) Contribute to evidence-based planning, development and implementation of social-protection policies and programmes by strengthening the government capacity to operationalize social-protection systems that leave no child behind;

(b) Foster institutional links and convergence among the Ministries of Women and Child Development, Health and Family Welfare, and Rural Development as well as with Panchayati Raj institutions and others. Integrate information systems between different departments and ministries for integrated social protection;

(c) Support measures to strengthen public financing for children, adolescents and women to increase investments in policy implementation supported by effective monitoring and evaluation (M&E) systems;

(d) Support measures to strengthen local governance structures, data and information systems and capacity development for Panchayat Raj institutions at the national and decentralized levels, enhancing the capacity to plan, implement and deliver social services for accountability and ensure the participation of adolescents and women;

(e) Support the strengthening of government capacities to monitor and evaluate achievements against the Sustainable Development Goals. Review national and state data collection and monitoring systems in collaboration with the Ministry of Statistics and Programme Implementation, with a focus on data for children and the Goals;

(f) Support states to strengthen systems for birth registration and a single-registry system to ensure that social services and protection reach the most marginalized and vulnerable.

Programme component 7: Public- and private-sector engagement for child rights

41. UNICEF will engage with the Government and the private sector and play an important role in convening public and non-public stakeholders around children's issues at the global, regional and local levels. The component is aimed at increasing the knowledge of the public and private sectors regarding the impact of business policy on children and communities and promoting responsible business practices.

42. Priority results and strategies:

(a) Support enhanced collaboration between the public and private sectors through synergistic approaches and contributions of financial and non-financial resources;

(b) Strengthen initiatives with targeted businesses and key stakeholders;

(c) Increase commitment and action by key business stakeholders to promote, support, respect and fulfil child rights.

Programme component 8: Programme effectiveness

43. The component is aimed at ensuring that the country programme is efficiently designed, monitored, managed and supported. It covers cross-sectoral support to all

programme components and coordination; social- and behavioural-change communication, advocacy; and partnerships, all aimed at facilitating public dialogue and engagement, fostering knowledge-sharing and creating an enabling environment and linkages to enhance the uptake of social services and nurture positive behaviours. This will include guidance and technical support on performance monitoring; knowledge management; risk analysis, disaster risk reduction and climate resilience; field services; gender mainstreaming; and supply and information technology, as well as office compliance with carbon-offsetting standards.

Summary budget table

Programme component	*(In thousands of US dollars)*		
	Regular resources	*Other resources*	*Total*
Health	53 000	98 000	151 000
Nutrition	43 800	56 700	100 500
Water, sanitation and hygiene	30 000	54 000	84 000
Education	30 000	52 000	82 000
Child protection	30 000	56 000	86 000
Inclusive social policy	25 000	4 000	29 000
Public- and private-sector engagement for child rights	2 100	2 900	5 000
Programme effectiveness	87 715	26 400	114 115
Total	**301 615**	**350 000**	**651 615**

Programme and risk management

44. The Ministry of Women and Child Development is the main coordinating body providing strategic direction for implementation of the country programme. In addition, programme components and outcomes will be managed with relevant ministries, state governments, government agencies and intersectoral coordinating bodies, in collaboration with parastatal organizations, CSOs and academia.

45. Risks associated with climate change may adversely impact the implementation of the country programme. UNICEF will expand its partnerships and strengthen communication and evidence-based advocacy, while supporting the Government in risk-informed programming and the regular monitoring of disaster risks. Programme implementation risks related to fund transfers will be monitored through regular updates of risk-management tools, performance reviews of office management targets and standards and adherence to quality, value for money and principles of the harmonized approach to cash transfers.

46. Internally, UNICEF will continue to use the collaborative results team approach, given that outcomes and outputs are cross-sectoral, particularly in the case of ECD and adolescents.

47. UNICEF will monitor results through annual management plans, work plans and internal and peer reviews to assess key strategic, programmatic, operational and financial risks, and to define risk control and mitigation measures. UNICEF will continue to monitor the effectiveness of governance and management systems, the stewardship of financial resources and the management of human resources.

48. Bilateral donors, multi-donor global- and country-level partnerships, international foundations, the private sector and UNICEF National Committees will be engaged for results and resources for children, supplemented by UNICEF core resources.

49. The CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the state, country, regional and headquarters levels are prescribed in the organization's policies and procedures.

Monitoring and evaluation

50. Progress will be monitored using indicators in the results and resources framework at the outcome level through national and state data systems to reduce the data collection and reporting burden. Progress will be monitored at all levels, focussed particularly on reducing barriers and bottlenecks and disaggregating data to reveal and address inequity and gender differences. UNICEF will support the strengthening of government capacity and monitoring systems to systematically track progress of the most marginalized groups.

51. UNICEF will work with other United Nations organizations to further strengthen government capacities to monitor and evaluate achievement against the Sustainable Development Goals. For this purpose, national and state data-collection systems will be reviewed with the Ministry of Statistics and Programme Implementation to align with reporting requirements for Goal indicators.

52. UNICEF will conduct a midterm review of the country programme with the Government. An agile managing-for-results approach will facilitate real-time strategic shifts that keep pace with the evolving programme environment at the state and national levels.

53. The costed evaluation plan will provide evidence on results, while the plan for research, impact-monitoring and evaluation will further frame the UNICEF evidence generation agenda.

Annex

Results and resources framework

India – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 2,3,6,7,8,9,12,13,15,17,18,19,20,21,23,24,25,26,27,28,29,32,34,35,36,39 and 40 **National priorities:** Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy, Child Survival Call to Action, Every Newborn Action Plan, Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea), Global Vaccine Action Plan, Swachh Bharat Abhiyan, Right to Free and Compulsory Education Act, National Early Childhood Care and Education Policy, Juvenile Justice (Care and Protection of Children) Act, Protection of Children from Sexual Offences Act, Integrated Child Protection Scheme, Integrated Child Development Scheme and the National Development Agenda. **Sustainable Development Goals:** 2,3,4,5,6,10,11,12,16 and 17
UNDAF outcomes involving UNICEF: 1. By 2022, institutions are strengthened to progressively deliver universal access to basic services, employment and sustainable livelihoods to the poor and excluded, in rural and urban areas; 2. By 2022, more children, young people and adults, especially those from vulnerable groups, enjoy access to quality learning for all levels of education; 3. By 2022, there is improved and more equitable access to and utilization of quality, affordable health and nutrition and water and sanitation services. **Outcome indicators measuring change that includes UNICEF contribution:** Neonatal mortality rate, percentage of adolescent girls who are already mothers or pregnant, percentage of children fully immunized, percentage of children below 5 years stunted or wasted, percentage of adolescent girls undernourished, rural households practising open defecation, percentage using safely managed drinking water , number of elementary-school-age out-of-school children, percentage of children achieving minimum proficiency level in reading and mathematics, completion rate at primary and upper-primary level, percentage of women (20-24 years) married by 18 and social protection Percentage of identified key business stakeholders that have contributed to and, advocated, demonstrated respect and support for child rights, percentage of companies spending corporate social responsibility budgets on national priorities linked to the Child Rights Agenda. Percentage of management and programme priority indicators meeting the global scorecard benchmarks.
Related draft UNICEF Strategic Plan, 2018-2021[1*] outcome(s): 1 – 5

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
Pregnant women, newborns, children and adolescents have equitable access to and utilize quality health services at the community, outreach and facility levels, with a focus on marginalized groups and the girl child.	Neonatal mortality rate per 1,000 live births Baseline: 25 Target: 19	Sample Registration System	Output 1: Quality maternal, newborn and adolescent health-care services in community and health facilities Output 2: Quality health-care services for immunization and prevention and treatment of childhood illnesses Output 3: Disaggregated data and evidence for prioritizing policy, planning, monitoring and budgetary actions	Ministries of Health and Family Welfare and Women and Child Development MoWCD), World Health Organization (WHO), United Nations Population Fund, United Nations Development Programme	53 000	98 000	151 000
	Percentage of adolescent girls (15-19 years) who are mothers or pregnant at the time of survey Baseline: 7.9% Target: <5%	National Family Health Survey (NFHS) 4 and 5					
	Percentage of children fully immunized Baseline: 62% Target: 90% at National level; no state <80% ; no district <75%	NFHS 4 and 5					
Infants, young children, adolescent girls and mothers equitably benefit from high-impact nutrition interventions.	Proportion of children under five years of age who are stunted (moderate and severe) Baseline:38.4% Target:29.3%	NFHS 4 and 5	Output 1: Scale up essential nutrition and care services for infants and young children. Output 2: Scale up services for treatment of severe acute malnutrition. Output 3: Scale up nutrition services for adolescent girls and women. Output 4: Strengthen systems for multisector coordination, finance planning, monitoring and data-driven decision-making.	MoWCD, Health and Family Welfare, and Human Resource Development (MoHRD), Food and Agricultural Organization of the United Nations, World Food Programme	43 800	56 700	100 500
	Proportion of children under five years of age who are wasted (moderate and severe) Baseline: SAM: 21% Target: 10.3%	NFHS 4 and 5					
	Percentage of adolescent girls (10-19 years) who consumed an iron folic acid tablet in week preceding the survey	Comprehensive National Nutritional Survey 2018, NFHS 5					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
	Baseline: TBD Target: 10% point increase from CNNS						
Infants, young children, and caregivers, especially the most vulnerable, have equitable access to and use sustainable, safe, and affordable water, sanitation and hygiene (WASH) services (including in institutions) across the lifecycle.	Percentage of rural households from different socioeconomic groups practising open defecation Baseline: 59% Target: 20%	Rapid Survey of Children 2013-14, Joint Monitoring Programme for Water Supply and Sanitation (JMP)	Output 1: Scale up delivery of quality hygiene and safe-sanitation services. Output 2: Plan and implement delivery of safe drinking water in selected settings. Output 3: Plan and implement delivery of WASH package in schools and health-care facilities. Output 4 Increase institutional capacity to support social and behavioural change.	Ministries of Drinking Water and Sanitation; MoHRD; and Health and Family Welfare, World Bank, WaterAid	30 000	54 000	84 000
	Proportion of rural population using a safely managed drinking water service at the community level Baseline: 49% Target: 69%	JMP 2016					
Girls and boys, particularly the most disadvantaged, participate in quality early-childhood and elementary education,[1] with learning outcomes at grade-appropriate level	Number of elementary school age children out of school Baseline: 6.06 million Target: 3 million	Out-of-school children study 2014	Output 1: Increase capacity for coordination and evidence -based policies, planning, implementation and monitoring for quality education. Output 2: Increase capacity to ensure age- and developmentally appropriate pre-primary education for school readiness.	MoHRD, MOWCD, World Bank	30 000	52 000	82 000
	Percentage of children (3-6 years) who complete preschool at a developmentally appropriate level[2]	Survey 2021					

[1] Elementary education is the equivalent of primary and lower-secondary education globally.
[2] Developmentally appropriate level is defined as: achieve at least more than half of the skills in three of the four developmental domains i.e., literacy, numeracy, physical development and socioemotional development.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR); other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Baseline: 32% Target: 60%		Output 3: Increase capacity to deliver elementary education for out-of-school children. Output 4 Enhance capacity to deliver quality education for improved learning outcomes in elementary education. Output 5: Enhance capacity to generate demand for quality education through advocacy, social and behaviour change and social protection.				
	Percentage of children achieving minimum proficiency level in reading and mathematics at grades 3, 5 and 8 Baseline: 43% in reading; 49% in math (for grade 5) Target: 5% improvement	National Achievement Survey 2018/19					
	Completion rate at primary, Upper Primary and Lower Secondary[4] level Baseline: 78% Target: 87%	National Sample Survey Office, UNESCO Institute of Statistics					
Parents, communities and stakeholders adopt positive practices supported by preventive and responsive child-protection services that protect and empower children and adolescents.	Percentage of women (20-24 years) married before the age of 18 years Baseline:26.8% Target:21.4%	NFHS 4 and 5	Output 1: Strengthen child-protection systems and structures in selected states to deliver child protection services Output 2: Strengthen systems of justice for children. Output 3: Strengthen systems for the prevention of child marriage, labour and violence against children (VAC). Output 4: Communities have access to	MoWCD Judiciary, Police, Legislators, national and state commissions for the protection of child rights	30 000	56 000	86 000
	Percentage of children with pendency beyond four months in Child Welfare Committee in the previous six months Baseline: TBD Target: 20%	Integrated Child Protection Scheme, Management Information System					

[4] Lower secondary denotes grades 9 and 10.

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			information and support to prevent child marriage and labour and VAC.				
Social policies and strategies inform more effective and efficient planning, budgeting and implementation of social service programmes for reducing inequities and gender inequalities, especially for the most vulnerable and marginalized children and adolescents.	Strategic framework developed for integrated social protection at the national and state levels Baseline: 0, 1 Target: 1, 5	Strategy Paper	Output 1: Enhance capacity to plan, integrate, implement and monitor social-protection programmes for children, adolescents and their families. Output 2: Enhance capacity for public finance for children and adolescents during critical stages of the life cycle. Output 3: Strengthen decentralized planning, implementation and monitoring.	MoWCD and Statistics, Registrar General India, National Institute for Transforming India Aayog, policy research institutions	25 000	4 000	29 000
	Proportion of Union Government allocations for child-focused policies and programmes Baseline: 3.3% 2017-18 Target: 5% 2022-23	Budget document of national Government					
Business and key business stakeholders demonstrate growing willingness, commitment and resource allocation for protecting and promoting child rights in policy and practice.	Number and percentage of key business stakeholders engaged by UNICEF that commit to respecting children's rights in their core business operations and policies Baseline: TBD Target: 20%	Public Sector Enterprise survey	Output 1: Increase action on the impact of business policies and operations. Output 2: Strengthen contributions of core assets of businesses in support of national Child Rights Agenda.	Ministry of Corporate Affairs MoCA), business networks and coalitions, industry associations, private sector	2 100	2 900	5 000
	Number and percentage of target key business stakeholders that adopt policies and practices aligned with child rights and business practices Baseline: TBD Target: 75%	MoCA annual corporate social responsibility report					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Country programme is effectively and efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of management and programme priority indicators meeting the global scorecard benchmarks Baseline: 80% Target: 100%	Insight Scorecard	Output 1: Guidance, tools and resources to effectively plan and monitor programmes Output 2: Provision of tools, guidance and resources for effective communication Output 3: Increased understanding and action to influence social norms Output 4: Increased capacities to strengthen resilience programming	MoWCD, National Disaster Management Authority	87 715	26 400	114 115
Total resources					**301 615**	**350 000**	**651 615**